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***“Need more for to get your treatment done.
Years.”***

**A qualitative analysis of the views of men
with learning disabilities about a sex
offender treatment programme.**

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Doctorate in Clinical Psychology
The University of Edinburgh
August 2013

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Content and format

This portfolio consists of four chapters: a systematic review, a journal article, an extended methodology section and an extended results section.

The first chapter reviews the existing published literature regarding qualitative studies of the views of sex offenders about sex offender treatment programmes. It is written in accordance with the author guidelines for the *Journal of Aggression and Violent Behaviour*.

The second chapter is written in the form of a journal article and describes key results from an empirical qualitative study of the views of sex offenders with learning disabilities about a sex offender treatment programme. It is written in accordance with the author guidelines for the *Journal of Sexual Aggression*.

The third and fourth chapters describe, in more detail than was possible to include in the journal article, the methodology and the results obtained from the empirical study.

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“Need more for to get your treatment done. Years.”

A qualitative analysis of the views of men with learning disabilities about a sex offender treatment programme.

Thesis Abstract

Background: Evidence for the effectiveness of psychological treatments for sex offenders with learning disabilities is far from overwhelming. Qualitative studies can augment quantitative research by providing insight into the experiences of those who receive such treatment. There are a number of qualitative studies of the views of offenders but few that focus on the views of those with learning disabilities.

Method: A systematic review was carried out of qualitative studies of the views of sex offenders, with and without learning disabilities, about their experiences of treatment. An empirical study, using Interpretative Phenomenological Analysis, explored the views of men with mild learning disabilities about one particular group treatment.

Results: The review identified that a supportive atmosphere, good therapeutic relationship, trust and positive peer interactions were highly valued. Some elements of treatment, such as offence disclosure, were seen as both difficult and helpful. In the empirical study, themes regarding offence disclosure and trust were also identified. In addition, treatment was characterised as being about giving and receiving advice. Participants struggled with some of the other concepts used in treatment but described gains including becoming a mentor and developing a sense of mastery. Most strikingly, participants described needing extensive time in treatment in order to gain benefit. Over time they moved from feeling anxious and angry about treatment to feeling positive, supported and trusting.

Conclusion: Sex offenders with learning disabilities may need long-term treatment programmes in order to effect change. Treatment providers should be sensitive to offenders’ feelings of initial anxiety and anger.

Word count 250

Systematic Review

Title

A systematic review of the qualitative literature exploring the experiences of men attending sex offender treatment programmes.

Abbreviated Title for Running Head

Lived experience of sex offender treatment programmes.

Word count excluding appendices and references 7336

Abstract

Outcome studies for sex offender treatment are equivocal in their results and little is known about how and why treatment works. Qualitative research offers an additional insight through the views of those attending treatment. A systematic review of qualitative studies of group treatment for sexual offenders was conducted. Searches identified 1203 studies of which 10 met the inclusion criteria for this study. The studies were heterogeneous in nature and methodological quality varied. Six major themes emerged; “therapeutic relationship”, “treatment milieu”, “group issues”, “specific components of treatment”, “what was gained during treatment?” and “talking about offences is painful”. Further qualitative research into different treatment models and settings may help to understand what makes for better engagement in sex offender treatment.

Highlights

Ten qualitative studies of the views of sex offenders about their experiences of treatment programmes were reviewed. The studies were heterogeneous in nature. Six themes were identified across the studies. These suggest that group processes, a supportive atmosphere and therapeutic relationship are valued at least as highly as are specific treatment components.

Key words: sex-offenders, treatment, qualitative.

Abstract Word Count: 119

1. Introduction

Sexual offending is arguably one of the most prominent societal concerns of our time. This concern is a response, in part, to recent revelations around high profile individuals (e.g. McCarten, 2010). However, even prior to these revelations, sexual offences elicited strong reactions of anger, fear and revulsion (e.g. Levenson, Brannan, Fortney & Baker 2007). Whilst the prevalence of sexual offending is difficult to estimate (Brown, 2005), research suggests it is of substantial proportion. Marshall (1997) reported that by the age of 40 years, 1 man in 90 born in 1953 had been convicted of a serious sexual offence against a child. Other research suggests the level of unreported sexual crimes vastly outnumbers the level of reported crimes. Percy and Mayhew (1997) suggested that the ratio was 15 unreported to one reported crime. Whilst in the US, National Incidence Studies show the prevalence of sexual offending to have reduced since 1990 (Finkelhor & Jones, 2012) the harm caused by sexual abuse has long been recognised (e.g. Briere & Elliott, 1994). This in turn justifies research into treatments that are effective in reducing recidivism.

Research suggests that the public believe sex offenders to have high rates of recidivism. Research also suggests that members of the public are sceptical of the value of treatment for sex offenders (Levenson, et al., 2007). Such responses may engender a reluctance to focus research on offenders and on how best to reduce reoffending. Paying attention to the offender and the offender's needs may be viewed as a betrayal of the survivor and of underplaying the damage done to victims. None-

the-less, research into how to reduce offending, and into what offenders find helpful, is necessary if recidivism is to be reduced.

1.2. Treatment models

Treatment models for those who have sexually offended (or are considered at risk of doing so) have evolved over decades. There have been shifts from a pessimistic view that “nothing works” to a more optimistic one that “something works”.

In the last decade, the dominant models of treatment have been the Risk, Need, Responsivity Model (RNR), (Andrews & Bonta, 1998) and the Good Lives Model (GLM), (Ward & Stewart, 2003). The former focuses almost exclusively on reducing the risk of recidivism and there is evidence of its effectiveness (e.g. Hanson, Bourgon, Helmus & Hodgson, 2009). However, as pointed out by Ward and Stewart, it focuses on the avoidance or reduction of risk but not on what replaces that which has been removed. Ward and Stewart use the metaphor of risks being removed like pins from a pincushion, leaving behind holes (or gaps in offenders’ lives) with nothing to fill them. Ward and Stewart argue that unless attention is paid to the non-criminogenic needs of offenders, the alliance with the therapist and motivation to engage may be impeded. They suggest that therapists should also focus on increasing offenders’ sense of safety, of self-esteem and well-being in order to motivate them to engage in treatment. They argue that these factors are not fully addressed in the RNR model.

The Good Lives Model (GLM) sees those who commit offences as trying, like everyone else, to meet basic human needs but meeting them in dysfunctional ways.

Its premise is to help those who offend to meet their needs in socially acceptable ways. Ward and Stewart's (2003) model combines the removal of risk with the development of skills for achieving valued goals. This approach arguably leads to better motivation and engagement in treatment and it enables those who have offended to develop new, non-offending identities. This development of non-offending identities is seen by Maruna (2001) as an important aspect of rehabilitative change for many offenders. None-the-less, Ward and Stewart believe the GLM and RNR are by no means mutually exclusive and that the models can be complimentary as long as the principle of Good Lives is incorporated. In practice, both models use a Cognitive Behavioural Therapy (CBT) approach and cover similar components (Schaffer, Jeglic, Moster & Walnuk, 2010).

1.3. Efficacy of treatment programmes

The outcome research for treatment of sex offenders is equivocal. Outcome studies have been beset by methodological problems (Brown, 2005). Several meta-analyses, such as that by Gallagher, Wilson, Hirschfield, Coggeshall and MacKenzie (1999) have concluded that there is a modest positive effect of treatment (measured by sexual recidivism) when comparing sexual offenders who have undertaken treatment programmes with those who have not. Gallagher et al.'s analysis of 22 studies showed an effect size for treatment of 0.43. However, this analysis has been criticised by Hanson, Broom and Stephenson (2004) as including studies where there was a threat to validity (e.g. by double counting of participants). Hanson et al. (2002) did their own meta-analysis in of 43 studies and found a sexual recidivism rate of

12.3% for the treatment group after 46 months compared to 16.8% for the control group.

More recently, Hanson et al., (2009) conducted another meta-analysis of 23 studies. They found an average re-offending rate of 10.9% in those receiving sex offender treatment compared to an average re-offending rate of 19.2% amongst those who did not receive treatment. This gives some indication of the complicated and disputed nature of research into the effectiveness of sex offender treatment. There is some evidence that treatment has a positive effect but the evidence is far from overwhelming. None-the-less, even if treatment has a marginal effect, many, including Laws and Ward (2011) would argue that it is of value; “treatment programmes for sexual offenders can result in modest reductions in both sexual and general offending.....why or how this occurs is somewhat of a mystery” (p. 108).

As noted above, most treatment programmes use a CBT-based approach and are not necessarily labelled as being based on a particular model such as RNR or GLM. This may suggest that it is the specific CBT components of treatment that are the most important in terms of achieving positive outcomes and not the underlying principles. However, Marshall et al., (2003) in describing the GLM model, provide evidence that therapist warmth and empathy are important aspects of treatment that help to facilitate the change process in sex offenders. They argue that therapists should focus on increasing the well-being and sense of safety experienced by offenders in treatment. This is consistent with the extensive general literature (e.g. Yalom, 1980),

which argues that it is the processes in therapy that account for positive change rather than the specific techniques.

In addition, fundamental differences in the underlying milieu of treatment programmes are highlighted by Day and Ward (2010). They postulate that programme providers are influenced by two sets of values when working with offenders. The first are the values of therapist; being respectful, non-judgemental and supportive. The second are the values of the environment where many programmes take place, with correctional facilities being more punitive in nature. This is separate from the issue of which treatment model is being pursued. However, it addresses a similar issue; are some treatment programmes perceived by offenders as more supportive and others as more punishing and if so, what impact does this have on the offenders' experience?

1.4. Value of Qualitative Research

Given that very little is known about how and why sex offender treatment programmes work, it seems important to gather all sources of information available. These include the views and experiences of those who undergo treatment. This seems especially important given the arguments around the importance of how treatment programmes and therapists are perceived by offenders.

The value of qualitative research in augmenting quantitative outcome studies is well recognised in many areas, such as health psychology (e.g. Reid, Flowers & Larkin, 2005). There is only a limited (albeit growing) body of qualitative research with sex

offenders, despite the potential value it could have in helping to determine what factors make for success. The potential value has been highlighted by Webster and Marshall (2004) who suggests that qualitative research might help us understand the complicated and sometimes contradictory results found in quantitative research. Marshall, Marshall, Serran and O'Brien, (2008) also suggests that if service developers fail to consider the views of offenders regarding what is important in treatment, that they risk reduced effectiveness of that treatment.

The limited research that has been carried out on the views of sex offenders about their treatment has identified a number of recurring themes. These include that the most important aspects of treatment are the therapeutic alliance and group atmosphere (e.g. Fernandez, 2006; Hudson, 2005; Ward, 2007). Another theme, identified for example by Hudson was that if participants felt that the atmosphere of the treatment programme was coercive or the group leader authoritarian, this had a negative impact on engagement and led to negative views about treatment. This echoes the conclusion of Marshall et al. (2003) regarding the importance of therapist warmth and empathy.

To date there are no systematic reviews of the qualitative literature on the views of sex offenders on their treatment experiences. The current study reviews this literature, assesses the methodological quality of the studies and summarises the themes that emerge.

2. Method

2.1. Search Strategy

Searches were made in the databases PsychInfo, Embase, Web of Knowledge and Medline for relevant papers. No earliest date was used to limit the search strategy. The search was conducted for studies published up to the end of December 2012. Search terms used were “sex offenders” AND “experiences” OR “views” OR “perceptions” OR “qualitative” OR “attitudes” OR “perspectives” AND “treatment” OR “intervention” OR “therapy”. Truncations were used of all terms so that variations would be included in the search (e.g. “sex offend\$”, where \$ stands for truncation).

Reference lists from those papers identified through the data-base search were also reviewed. Hand searches were made of four relevant publications for the years 2011 and 2012 (“Journal of Child Sexual Abuse”, “Journal of Sexual Aggression”, “Sexual Addiction and Compulsivity” and “Sexual Abuse”).

2.2. Inclusion criteria

1. Studies published in peer-reviewed journals. No earliest cut-off date was set for studies.
2. Studies published in English as resources were not available for translation services.
3. Studies reporting primary data rather than review articles.

4. Studies where the focus was the individual experience of treatment from the point of view of the treatment recipient (as opposed to the clinician, family member or other interested party).
5. Studies focusing on experiences of psychological treatment of sexual offending.
6. Studies focusing on treatment experiences of those over 18 years of age.
Whilst there is literature relating to adolescent sex offenders, treatment often includes family work, which would have made the experience of treatment significantly different.
7. Studies which utilised a qualitative analysis.

2.3. Exclusion criteria

1. Book chapters and review articles (i.e. not reporting primary data).
2. Studies where the focus was not the experience of psychological treatment for sexual offending.
3. Studies where the primary focus was not the individual experience of the treatment from the point of view of the treatment participant.
4. Studies concerning people under the age of 18 years.

Figure 1 shows the number of studies identified and excluded at each stage of the process.

2.4. Criteria for Methodological Quality Assessment

Studies were assessed for methodological quality using guidelines based on those developed by the Critical Appraisal Skills Programme (CASP, 2006), Mays and Pope (2000). CASP is an international network which supports quality and rigour in research methodology. Studies are first screened for a clear statement of aims and to ensure that a qualitative method is appropriate to achieve these aims. Eight areas are then considered:

- research design
- recruitment strategy
- data collection
- standpoint of researcher and relationship with participants
- ethical considerations
- data analysis
- clarity of findings
- value of research in terms of addition to the research base and clinical application.

Further detail pertaining to each criterion is shown in appendix A. In this review, papers were assessed for how well they met each criterion including the screening questions in accordance with Cesario, Morin and Santa-Donata (2001). Three points were awarded if a criterion was “well-addressed”, two if “adequately addressed”, one point if “poorly addressed” and no points if the criterion was not addressed. Each paper was therefore awarded a total score out of a possible maximum of 30. This was converted to a percentage and those papers achieving less than 50% were given a

score of – (“poor”), those achieving 50 – 75% were given a score of + (“average”) and those receiving a score of over 75% were given a score of ++ (“good”).

Half of the papers were reviewed independently by a second reviewer in order to increase the validity of the quality ratings.

2.1. Thematic Summary

There are a number of approaches used for the synthesis of qualitative studies such as meta-ethnography (Noblit & Hare, 1988). These approaches are less appropriate when the studies subject of review are methodologically disparate. In the case of this review, the studies were felt to be too heterogeneous to warrant the use of a formal meta-synthesis model. Instead, the findings were synthesised using a methodology based on “best-fit” framework analysis (Carroll, Booth & Cooper, 2011), a pragmatic approach to synthesising qualitative data. Framework analysis is a model used extensively to analyse primary data in qualitative studies (Mays & Pope, 2000). However, it is increasingly being used as a tool for qualitative synthesis. Carroll et al. describe a methodology that starts with *a priori* themes identified from a model already established in the existing literature. Themes from the reviewed studies are then mapped on to the existing themes and new ones added as they arise in the studies.

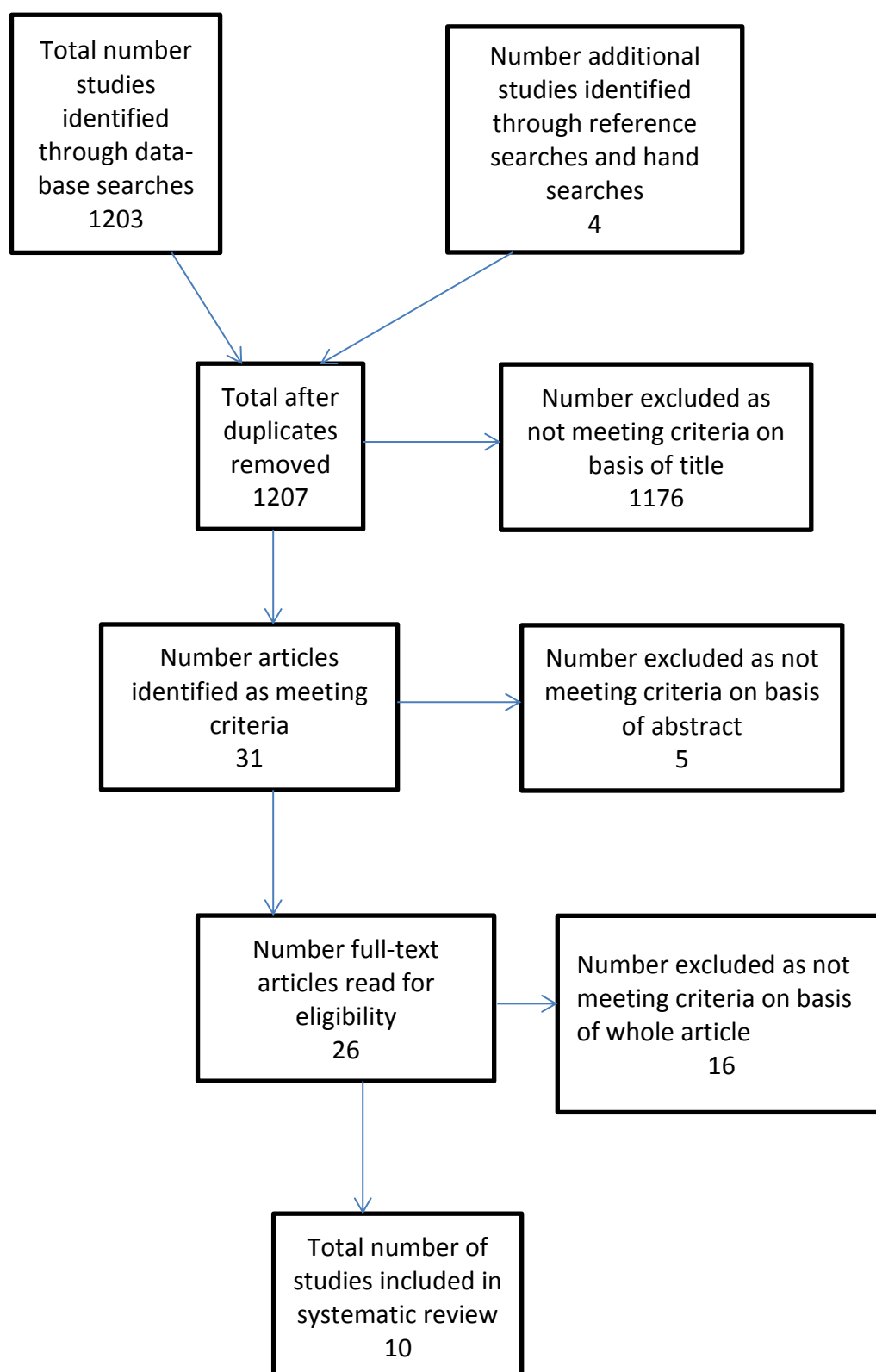


Figure 1. Flow chart showing how articles for review were identified

However, in the current review, there was no such existing model. Therefore, themes arising from the study which received the highest score in the methodological quality appraisal were used as the starting point for the best fit analysis. Each paper was then examined to identify if these themes arose (whether they were labelled as such or were labelled or subsumed under different theme names). Where themes were identified that were not included in the original list, they were added as they arose. The themes were identified from the results sections of each paper as advocated by Carroll et al. (2011).

3. Results

3.1. Search Results

1207 studies were initially identified (excluding duplicates) through data-base searches and hand searches. Of these, 1176 were excluded because it could be ascertained by examining the titles that they did not meet the criteria of the review. The abstracts of 31 studies were then read and a further five rejected.

A further 26 studies were read in their entirety and 16 rejected as not meeting the criteria for the following reasons:

- Not using primary data (n=2)
- Not primarily about treatment experiences (n=3)*
- Not using qualitative methods (n=8)
- Focus on those under 18 years old (n=2)

- Focus on the specific experiences of ethnic minority offenders (n=1).

This study was excluded because its primary focus was on the experiences of belonging to an ethnic minority whilst experiencing treatment.

*One of these studies (Scheela, 1995) initially appeared to meet the criteria. However, on detailed reading of the full article, it was decided that the primary focus was not on offenders' perceptions of their treatment experience.

Nine studies were selected for review and one further study was identified through searching the references of these articles. A total of ten studies which met the criteria were therefore selected for review.

3.2. Characteristics of the Reviewed Studies

Characteristics of the studies are summarised at Appendix B.

Of the 10 studies, five were conducted in the UK, (Colton et al., 2009; Garrett et al., 2003; Hays et al., 2007; MacDonald et al., 2003 and Wakeling et al., 2005) two in Australia (Collins et al., 2010 and Day, 1999), two in USA (Grady & Brodersen, 2008 and Williams, 2004) and one in Canada (Drapeau et al., 2004).

Five of the studies were prison-based or prison follow-up programmes (Colton et al., 2009; Drapeau et al., 2004; Grady & Brodersen, 2008; Wakeling et al. 2005 and Williams, 2004), four were community/out-patient based (Collins et al., 2010; Day,

1999; Hays et al., 2007 and MacDonald et al., 2003) and one was secure-unit based (Garrett et al., 2003). The number of participants varied from eight (Collins et al.) to 46 (Wakeling et al.) with the mean being 25.

The level of information regarding participants' demographic details and offending history varied. Some studies gave extensive detail of participant characteristics, offending and treatment histories (Colton et al., 2009; Wakeling et al., 2005; Williams, 2004) whilst others gave little detail (MacDonald et al., 2003). Most gave some brief information, at least about ages of participants.

Recruitment methods differed across the studies. Several invited all of those attending or having previously attended particular treatment groups to participate (Collins et al., 2010; Drapeau et al., 2004; Garrett et al., 2003; Hays et al., 2007; MacDonald et al., 2003; Williams, 2004). Only one explicitly stated that they had selected participants randomly from particular treatment groups (Wakeling et al., 2005). In Colton et al.'s study a large group of prisoners were identified from a data base and invited to participate in an interview. Those selected for this study were a subset of this group who had completed or participated in the sex offender treatment programme. In two cases it was not clear how participants were selected (Day, 1999 and Grady & Brodersen, 2008).

In all but one study, treatment programmes were based on group CBT for sexual offenders. MacDonald et al.'s study (2003) explicitly focused on group psychoanalytic therapy. None of the studies described their treatment programmes as

either based on the GLM or on the RNR model. Only one of the studies (Wakeling et al., 2005) administered outcome measures in addition to using qualitative methods of data collection.

Half of the studies used interview (Colton et al., 2009; Drapeau et al., 2004; Hays et al., 2007; MacDonald et al., 2003; Wakeling et al., 2009) and half questionnaire (Collins et al., 2010; Day, 1999; Garrett et al., 2003; Grady & Brodersen, 2008; Williams, 2004) to collect data.

One of the studies (MacDonald et al., 2003) drew its participants from two distinct groups – one of sex offenders and one a “women’s group”. Both groups comprised members with a diagnosis of learning disability. This study was interested in participants’ experiences in psychodynamic therapy and so had a somewhat different focus from the others. None-the-less, its aim was at least in part to elicit the views and experiences of those receiving treatment for sexual offending and so was felt to meet the inclusion criteria for this review.

3.3. Results of Review of Methodological Quality

The quality ratings of the 10 studies are summarised at Appendix C. The lowest rating was 13 out of 30 (Colton et al., 2009) and the highest was 28 (Williams, 2004). Colton et al. was the only study which scored less than 50% against the criteria and was rated as poor. Collins et al. (2010), Day (1999), Drapeau et al. (2004), Garrett et al. (2003) and Wakeling et al. (2005) all scored between 50 and 75%. These were considered to be of average methodological quality. Grady and

Brodersen, (2008), Hays et al. (2007), MacDonald et al. (2003) and Williams all scored over 75%, and were considered of good methodological quality.

Five papers were reviewed by two reviewers. There were discrepancies in 33% of the ratings. However, the **over-all** rating was identical in the case of three of the papers (Colton et al., 2009; Grady & Brodersen, 2008 and Williams, 2004) demonstrating a high level of inter-rater reliability. In respect of the other two papers, both raters placed them in the “average” category, albeit there were discrepancies in the over-all and component ratings. The differences in ratings were resolved through discussion.

2.1. Summary of Themes.

The paper by Williams (2004) received the highest rating in the methodological quality assessment and so was used as the starting point for the best fit analysis. The themes identified in Williams’ paper were “offenders trust toward professionals”, “motivational climate” and “openness and acceptance by professionals”. The remaining nine papers were examined for these themes. Where additional themes were identified, these were added to the list. Labels were given to the themes according to their content and not according the labels used in the studies themselves. Where papers identified similar themes but gave different labels, or where there were a variety of sub-themes which clustered around the same subject, these were brought together under a common term. For example, all data relating to participants’ views of their group leaders/facilitators or therapists was brought together under a theme of “therapeutic relationship”. Accordingly, Williams’ original themes of “offenders trust towards professionals” and “openness and

acceptance by professionals” were brought together under this theme of “therapeutic relationship”.

Using this methodology, 13 themes were identified. Where a theme appeared in 50% or more of the studies, it was classified as a “main” theme. There were six such themes and these are shown in table 1 and examined in more detail below. A further seven “minor” themes occurred in four or fewer studies. These are summarised in appendix D.

3.5. Main Themes

3.5.1. Therapeutic relationship

Six of the studies made explicit reference to the importance of the relationship with the therapist (Collins et al., 2010; Garrett et al., 2003; Grady & Brodersen, 2008; MacDonald et al., 2003; Wakeling et al., 2005 and Williams, 2004). Two of Williams’ three themes related to the therapeutic relationship. He identified that relationship dynamics between offenders and therapist staff were more important in treatment than was programme content. Participants identified therapist trustworthiness and their openness to listen as vitally important in whether they engaged in treatment.

Not surprisingly, given that this study included men who had participated in a number of treatment programmes, some participants reported trusting the therapist whilst others reported a lack of trust. Several participants indicated that lack of trust had a detrimental impact on their engagement in treatment. Collins et al. (2010) also identified that participants prioritised therapeutic relationship as the most important aspect of treatment and Grady and Brodersen’s (2008) identified “therapeutic

experience” as one of the core themes emerging from their analysis. Of specific note, their participants attributed treatment gains to the therapist’s help. Other studies also identified the importance of therapists being trustworthy, supportive, caring and respectful.

The importance of the therapeutic relationship was highlighted by over half of the reviewed studies. It was identified as one of, if not the most, important aspect of treatment by three studies including two of the most highly rated in this review. This not only suggests that the finding carries some weight but supports the findings of Hudson (2005) in suggesting that the quality of the therapeutic relationship is one of the most important aspects of treatment for this client group. It also supports the finding by Marshall et al. (2003) regarding the importance of the warmth and empathy expressed by therapists. Additionally, it echoes some of the issues raised by Day and Ward (2010) regarding the values of therapists being either judgemental or supportive.

3.5.2. Treatment Milieu

This theme relates to whether participants felt treatment context was predominantly supportive or hostile. There is some overlap with the previous theme. Six of the studies identified this theme in some form (Collins et al., 2010; Day, 1999; Drapeau et al., 2004; Garrett, 2003; Wakeling et al., 2005; Williams, 2004). Grady and Brodersen’s (2008) participants described feeling they had unconditional positive regard and a respectful and supportive environment.

Table 1. Main themes

Theme	Therapeutic relationship (includes being accepted and listened to, trusting the therapist, feeling that the therapist is supportive and empathic).	Milieu/atmosphere (includes views on punitive vs. supportive atmosphere and feeling accepted).	Group issues (includes positive aspects of peer support such as being able to talk and share, having rules, helping others and negative aspects of behaviour of others and not trusting others).	Specific components of treatment (includes descriptions of what was most useful and what was retained/remembered).	What was gained during treatment? (includes descriptions of skills sustained, views of whether treatment will help prevent re-offending and personal growth).	Talking about offences is painful (includes discussion about the difficulty of self-disclosure, others hearing about offences and hearing about others' offences).
Authors						
Collins, Brown, & Lennings, 2010	Therapeutic relationship is most important part of treatment.	Supportive atmosphere is important.		Victim empathy component is both valuable and difficult.	Participants valued the personal change they perceived in themselves during treatment.	Self-disclosure to other group members is distressing.
Colton, Roberts, & Vanstone, 2009			Group treatment is not always appropriate.	Some components of treatment, especially victim empathy work can be both helpful and difficult.		
Day, 1999		Having a supportive atmosphere is more important than specific treatment components.	Interpersonal factors in the group are more important than specific treatment components.	Treatment components, particularly victim empathy work can be both helpful and difficult.	Participants valued "self-development" as a positive aspect of treatment.	

	Therapeutic relationship	Milieu/atmosphere	Group issues	Specific components of treatment	What was gained during treatment?	Talking about offences is painful
Drapeau, Annett Korner, Brunet, & Granger, 2004		A supportive and non-judgemental atmosphere is one of the most helpful things about treatment.	Participants valued positive aspects of peer relationships.	Victim empathy work is both positive and difficult.	Treatment resulted in increased social confidence.	Talking about offences is painful but helpful.
Garrett, Oliver, Wilcox, & Middleton, 2003	Positive therapeutic relationship is important to treatment.	Positive treatment atmosphere is important to treatment	Group dynamics can be both helpful and unhelpful	Relapse prevention and victim empathy components seen as the most useful.	High percentage of participants said treatment would help stop them re-offending.	
Grady & Brodersen, 2008	Therapist support is important to treatment.		Peer support is important to treatment.	Treatment modules on victim empathy and skills development seen as the most important.	“Internal shift in being” identified as a positive treatment gain.	
Hays, Murphy, Langdon, Rose, & Reed, 2007			Support of other group members highly valued.	Some components of treatment recalled but others, including victim empathy, not recalled. Offence disclosure most helpful and most difficult.		Mixed views about talking about own offences – helpful and painful.
MacDonald, Sinason, & Hollins, 2003	Participants valued the support of the therapist		Participants valued the group model and being part of a peer group.			Talking about offences was emotionally painful.

	Therapeutic relationship	Milieu/atmosphere	Group issues	Specific components of treatment	What was gained during treatment?	Talking about offences is painful
Wakeling, Webster, & Mann, 2005	The therapeutic relationship is highly important.	A relaxed and safe atmosphere is important.	Group dynamics are important and positive but the behaviour of others can also be problematic.	Most useful components, including victim empathy work, can also be the most distressing.	Personal growth was identified as a positive outcome.	Offence disclosure is one of the most distressing parts of treatment.
Williams, 2004	Acceptance by and trust of therapist are essential.	An atmosphere of openness and motivational climate are important.				

This was seen as a training ground for the development of self-esteem. Collins et al., (2010), Day (1999), Drapeau et al., (2004) and Wakeling et al. (2005) all described features of the treatment milieu that participants found important. These included that it was “relaxed”, “non-judgemental”, “supportive”, “safe” and that they were given “permission to talk”.

However, it is in Williams’ (2004) study, that this theme is most extensively explored. In this study, participants described widely differing experiences, as would be expected given that they were drawn from those who had experienced multiple treatment programmes. Some participants described a “program motivational climate” and a listening environment. Some participants described an atmosphere of openness that promoted disclosure and progress whilst others described a hostile and threatening atmosphere that impeded progress. They described that this led them to be very guarded about what they said in treatment in case it had repercussions for them. This supports the findings of Hudson (2005) which described the negative impact of a coercive atmosphere in treatment programmes. Over all, Williams concludes that the “culture” of a programme has a major impact on engagement. He surmises that the differences in culture may be related to the setting of the treatment programme; prison-based programmes being more coercive. Again this links to the issues raised by Day and Ward (2010) regarding the values of therapists being impacted by the environment where treatment takes place. Given that William’s study scored the highest in the methodological review, this finding is of particular interest.

3.5.3. Specific components of treatment.

Not surprisingly, most of the studies focused to some extent on the components of treatment that were identified by participants as most useful. Only in MacDonald et al., (2003) and Williams (2004) did this theme not arise (as MacDonald's study related to psychoanalytical therapy, the content would not be as prescribed as CBT-based programmes).

Wakeling et al. (2005) specifically asked participants to describe the main thing they had learned. They identified victim empathy and admitting responsibility as most helpful. But content on victim empathy was also described as the most distressing aspect. This double-edged view on victim empathy was reiterated by Collins et al. (2010), Day, (1999), Drapeau et al. (2004) and Grady and Brodersen (2008). Participants in their studies were able to describe that they had found it emotionally difficult to learn about how victims may have felt but that it helped them to see their actions as damaging. By contrast, Hays et al. (2007) found that participants recalled some content of treatment, especially around sex education and legal issues, but not the content on victim empathy. Given that the participants in this study had learning disabilities, this is perhaps not surprising. However, their participants reported that offence disclosure was both the most important and also most difficult aspect of treatment. This again seems to suggest that participants are able to reflect on a process that is emotionally difficult but helpful as part of a change process.

It is striking how many of the studies identify victim empathy as the most valuable component of treatment whilst at the same time being the most difficult. Perhaps it is because it is a difficult experience that participants remember it above other components of treatment.

3.5.4. What was gained in treatment?

Six studies (Collins et al., 2010; Day, 1999; Drapeau et al., 2004; Garrett et al., 2003; Grady & Brodersen, 2008; Wakeling et al., 2005) included discussion of this theme. It reflects issues around the utility of treatment in the avoidance of re-offending, skills learned, and aspects of personal growth. The latter was perhaps most strongly articulated by Grady and Brodersen who identified a specific theme of “Internal shift in being” (p. 337). Several participants described increased self-esteem, changes to how they felt about themselves and how they related to others. It was almost as if participants were describing a process of forming a new identity with a better understanding of themselves. Similarly, six of Collins et al.’s participants reported “meaningful change” including personal change, but this is not defined.

Drapeau et al. described participants feeling more socially confident and understanding themselves better, Wakeling et al. labelled concepts including “self-awareness”, “self-learning” and self-exploration”, “self-esteem” and “confidence” as positive aspects of the treatment. Day described “self-development” and “finding out about self” as positive elements of treatment, but these comments were only made by 17.5% of his participants. Garrett et al.’s study was one of the few that highlighted

that a high proportion of participants (81%) felt that the treatment would help prevent them from re-offending.

This theme covers a wide range of aspects. However, most strikingly, participants identified a treatment benefit of personal growth. This may relate to Maruna's (2001) concept that offenders need to develop new non-offending identities in order to move on from an offending past.

3.5.5 Group/peer issues

All but two, (Collins et al., 2010 and Williams, 2004) of the studies referred in some way to the importance of group processes and support. Day (1999), Hays et al. (2007), MacDonald et al. (2003) Wakeling et al. (2005) all reported dual features of peer issues. Their participants valued being able to share and talk about issues, feeling part of a peer group, being supported and being able to help others. Indeed in Hays et al., being able to share with others was reported by participants to be the most important aspect of treatment. However, in all of these studies, participants also reported negative group experiences. Some described the behaviour of other group members as frustrating. Others had difficulty trusting group members. Yet others felt that they should not be in a group with sex offenders and rated their own offences as less "bad". In Grady and Brodersen's (2008) study, participants had all been involved in intense shared living arrangements. They reported finding this difficult at first but coming to appreciate the support it provided over time.

Colton et al. (2009) identified concern over group treatment and preference for individual treatment as a specific theme. Several participants suggested that a “one-size-fits-all” approach using group treatment was unhelpful. However, the study did not report how many participants raised this concern and given this study was the poorest rated of all those reviewed, it is difficult to have confidence in this finding.

Overall, the theme of peer relationships was identified in the majority of these studies. Several suggested that group experiences are a mixed blessing. None-the-less, several, including highly rated studies, identified the group dynamic as one of the most highly valued of all elements of treatment, playing a key part in this type of sex offender treatment. This supports existing literature such as Ward (2007) which identified group processes as one of the most important and valuable aspects of sex offender treatment. The complex findings from this review warrant consideration in the planning and execution of treatment programmes.

3.5.6 Talking about offences is painful

This theme arose in five of the studies (Collins et al., 2010; Drapeau et al., 2004; Hays et al., 2007; MacDonald et al., 2003; Wakeling et al.). Offence disclosure was referred to as painful and distressing by many participants. Collins et al. reported that participants found this very uncomfortable and described feelings of guilt and even dropping out of treatment as a result. However, in other studies, e.g. Drapeau et al., participants reported offence disclosure to be both one of the most difficult and beneficial aspects of treatment. It helped them to reflect on their motivation and also

on the harm the offences had caused. In this respect it echoed what many participants said about victim empathy work. One of the other distressing aspects of offence disclosure related to having to trust others to keep details confidential (e.g. MacDonald et al.) and there is some overlap here with issues raised in the “group issues” theme.

Overall, the issues raised around offence disclosure can be seen as similar to those around victim empathy. Participants found talking about their own past offences distressing; it brought up painful memories and feelings of guilt. However, for many there was also a perceived value in talking about their offences.

The theme highlights the ambivalent feelings that participants can have about disclosure and that they are able to value this as part of treatment whilst at the same time finding it painful.

3.6. Limitations of the Reviewed Studies

The studies reviewed were, for the most part, average or better in terms of methodological quality. Only one (Colton et al., 2009) gained a score of less than 50% and was rated as poor. None the less, there were a number of limitations which mean that the findings should be read with these in mind. Firstly, only Hays et al. (2007), MacDonald et al. (2003) and Williams (2004) adequately addressed ethical issues related to research with offender populations. Therefore it is not possible to conclude whether participants might have felt coerced into participating or their responses skewed by concerns about impact on care and regime. Secondly only two studies (MacDonald et al. and Williams) addressed fully the potential bias of the

researcher and the impact this might have had on interview/questionnaire content or on analysis of responses. Therefore, it is difficult to judge how far the findings of most have simply been crafted to support the researchers' own views. Thirdly, in the case of several of the studies (particularly Collins et al., 2010 and Day, 1999) there are weaknesses in the description of the data analysis and the links to findings and so it is difficult to have complete confidence that the findings flow from the data obtained. Fourthly, several of the studies do not describe any qualitative model or attempt to interpret the data. They are more akin to satisfaction surveys than to qualitative research.

Lastly, recruitment strategies were varied with some studies recruiting from one specific treatment programme, others from more than one programme and one (MacDonald et al., 2003) recruiting not only from a sex offender programme but also a women's group. This limits the clinical application of the findings.

4. Discussion

The reviewed studies were varied in the settings, recruitment, models of treatment and questions addressed. Some used recognised qualitative methods whilst others simply reported categories of responses with no interpretation. However, all were interested in the views of sex offenders on their psychological treatment for sex offending. Looking across the reviewed studies, six themes emerged across at least half of those studies. These were "therapeutic relationship", "treatment milieu", "specific components of treatment", "group processes", "what was gained in treatment?" and "talking about offences is painful". These themes have a strong convergence with those identified in the wider literature both around group treatment

generally and offender treatment in particular. Marshall and Burton (2010) identify four processes associated with effectiveness of group treatment; (1) therapist characteristics; (2) clients' perceptions of the therapist; (3) the therapeutic alliance; and (4) the group climate of treatment. In a review of the literature, they concluded that these processes are also relevant in offender treatment.

There is a remarkable convergence between these themes and four of the six “main themes” identified in this review. For example, this review identified group processes as highly important and as being largely positive but as also having negative qualities at times. This is also in line with the conclusions of Beech and Hamilton-Giachritsis (2005) who found that the degree to which offenders supported and assisted each other during group therapy was a strong predictor of treatment success. In other words, being in a group only had positive consequences if certain criteria were met.

The wider literature also suggests that the climate (milieu) of treatment programmes can be experienced as confrontational or supportive; the former having a negative impact on engagement (Marshall et al., 2003). In addition, Beech and Hamilton-Giachritsis (2005) concluded that a confrontational style from the therapist impacted negatively on the climate of the group and detracted from the ability of the treatment to effect change. This is very much reflected in the studies reviewed. Whether differences in milieu are related to the setting of the treatment (coercive/confrontational being more associated with prison-based programmes and supportive with out-patient programmes as suggested by Williams, 2004) is not clear

from these studies. Neither is it clear whether there is any relationship between these aspects and whether programmes are based on the RNR model or the GLM as discussed in the introduction to this review. What does seem to emerge from this review is that the milieu of the treatment programme is a key factor of such programmes.

Whilst this review lends some support then to the arguments that process issues are more important than are treatment techniques (e.g. Marshall & Burton, 2010) it is striking how many of the reviewed studies identify specific components as being both recalled by and valued by participants. Victim Empathy work was raised by nearly all the studies as being of value to participants even though it might also precipitate difficult emotional responses. This supports previous findings about the views of sex offenders. For example, Levenson, Prescott and D'Amora, (2010) found that offenders rated victim empathy and accountability to be the most important components of their treatment. Many of the studies also suggested that in addition to the actual target of the treatment, i.e. reducing re-offending, participants found the treatment helped them in other ways, such as increasing self-esteem and learning to understand themselves better. This can be seen in the context of the work by Maruna (2001) who describes offenders forging new non-offending identities in their progress away from offending behaviour.

4.1. Strengths and Limitations

The strength of this review is that it looks at studies from several countries, settings and involving a range of treatment models. The fact that several common themes

emerge despite this heterogeneity suggests that the themes are indeed of some significance. However, the heterogeneity of the studies is also a limitation. There were large differences in the nature of participant groups, settings, models of treatment, and of qualitative models used. This meant that no formal meta-synthesis could be carried out. Additionally, only published studies were included which means that valuable research may have been excluded and publication bias may have been a factor.

4.2.Clinical Implications

Most obvious in terms of clinical implication is the need to pay attention to the non-specific therapeutic ingredients of this type of treatment. There remains a huge debate regarding effective components of sex offender treatment. But this review suggests that the search for effective techniques and models should not detract from the need to focus on the therapeutic relationship and the atmosphere of the treatment programme. This is not simply about ensuring that those in treatment report a positive experience or that they “enjoy” the treatment programme. Rather it is about ensuring the maximum engagement of those in treatment, ensuring that they do not simply offer compliant responses through fear of repercussions.

On a similar vein, group processes need specific consideration in the planning and implementation of treatment. The support of a peer group and chance to share experiences is important but not all group members will get on well together. It may be important to consider if group work suits every-one, or if certain combinations of individuals will undermine the success of the treatment. Group leaders also need to

be sensitive to the need for group members to trust each other. This review also suggests that there are specific components of treatment that are particularly useful and also particularly emotionally painful, e.g. work on offence disclosure and victim empathy. The clinical implication of this is that therapists need to find a fine balance when working on these topics; neither to shy away from them because they are difficult nor to be insensitive to the difficulties.

4.3. Future Research

Further qualitative research might usefully focus on the views of those participating in specific treatment models (e.g. those based on GLM and those based on RNR) and settings (e.g. prison-based, health based, out-patient based). Such research would be of great value given the questions raised in this review around treatment milieu and its potential impacts on engagement.

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Thesis aims

The literature suggests that psychological treatment for sex offenders with learning disabilities is effective in terms of reduced harm (Lindsay et al., 2006) and improved sexual knowledge and empathy and improvements in cognitive distortions (Murphy et al., 2010). However, such treatment is far from being 100% effective. Qualitative research can help by exploring such treatment from the perspective of those who receive it. There is a strong case for the use of qualitative research in order to understand treatment from the client's point of view (Yacoub et al., 2008). With offenders there is an additional reason for undertaking qualitative research. Some authors argue that treatment for offenders may be coercive and therefore unethical (Duff, 2001).

Qualitative studies can help shed light on whether treatment is perceived as coercive. Qualitative research with sex offenders without learning disabilities has suggested that if treatment is perceived as coercive, or the atmosphere of treatment as hostile, that this hinders engagement (Williams, 2004). Conversely, that a supportive and trusting environment is highly valued. Some elements of treatment, including victim empathy work and offence disclosure, can be viewed as both emotionally painful but also as useful and important. The limited number of qualitative studies with sex offenders with learning disabilities suggests that participants also find offence disclosure painful but helpful. Participants also value positive peer relationships but

find some aspects of peer interactions difficult. Such studies also suggest that participants struggle to recall elements of treatment.

A better understanding of the views of sex offenders with learning disabilities about their treatment will help in developing and refining such treatment. It may be that this client groups' experiences mirror those of sex offenders without learning disabilities. However, it may be that they have unique perspectives. Additional research will help build an understanding of whether this client group understands their treatment, what sense they make of it, what makes for better engagement and what makes for more effective treatment.

The current study aims to add to the limited body of research into the views of sex offenders. Specifically, it aims to gain insight into what it means to men with mild learning disabilities to attend a sex offender treatment programme. The study will focus on participants' understanding of how they came to be involved in the treatment, what they understand it is for, how they understand treatment to work, what they feel about being involved and the values they attach to their involvement.

“Need more for to get your treatment done. Years.”
A qualitative analysis of the views of men with learning disabilities about a sex offender treatment programme.

Abstract *This study explores the accounts of 7 men with learning disabilities who had been engaged in a long-term group treatment for sex offenders. The aim was to gain insight into what it meant to them to participate in this treatment group. Participants were encouraged to talk about what they thought the treatment group was for, how they came to be involved, what they felt about attending and how they thought it helped them. Interview transcripts were analysed using Interpretative Phenomenological Analysis. Four themes were identified, one of which is reported here: “A process of change”. This incorporated 6 sub-themes; “Anxiety and unfamiliarity”, “Initial anger and resistance”, “Experiencing hostility”, “Looking back at a former self”, “The value of time served” and “Shift from compulsion to choice to leaving”. The findings support quantitative studies, which suggest that this group may require lengthy treatment in order to effect shifts in cognitive distortions.*

Keywords *Sexual offending, treatment experiences, qualitative, learning disabilities, change*

Word count: 6722 excluding appendices and references.

Introduction

Whilst it is difficult to estimate the prevalence rates of sexual offending by men with learning disabilities, numbers are sufficiently high to warrant research into treatments (Lindsay, 2009). Psychological treatment for sex offenders with learning disabilities is relatively rare (Murphy, Powell, Guzman & Hays, 2007). Where such treatment is available it commonly takes the form of adapted versions of programmes developed for a mainstream population. Dominant models include the Risk, Needs, Responsivity model (RNR) (Andrews & Bonta, 1998) and the Good Lives Model (GLM), (Ward & Stewart, 2003). Whilst the RNR model emphasises management of risk, the GLM stresses the importance of the offender developing a balanced pro-social identity. In reality, most treatment programmes use a Cognitive Behavioural Therapy (CBT) approach which incorporates elements of both of these dominant models (Schaffer, Jeglic, Moster & Walnuk, 2010).

There is limited but promising research into the effectiveness of treatment for this group measured by increases in sexual knowledge and empathy, and improvements in cognitive distortions (Murphy et al., 2007). Lindsay, Steele, Smith, Quinn and Allan (2006) found evidence that treatment led to significant long-term harm reduction (i.e. reduced levels of offending subsequent to treatment) in a study with a 12-year follow-up. In earlier research, Lindsay and Smith (1998) compared outcomes for men who had received either one year or two years of treatment. The 2-year treatment group showed significantly more improvement on a questionnaire about attitudes consistent with sexual offending. Lindsay and Smith postulate that this is

related to the time needed to impact on offenders' cognitive distortions and particularly, offence denial. Nonetheless, evidence for the effectiveness of such treatment is far from overwhelming. Qualitative studies can help to understand whether treatment recipients have internalised treatment messages (Beech, Fisher & Beckett, 1998). Many researchers have called for the use of qualitative research because it aims to capture subjective experiences and can be a valuable means of understanding treatment from the client's point of view (for example, Yacoub, Hall & Benal, 2008). There is an additional argument for qualitative research. It concerns an ethical debate regarding treatment for this client group. Authors such as Duff (2001) question the degree of coercion involved in offender treatment programmes and the acceptability of this. But how can we tell whether such treatment is experienced as coercive unless the subjective experiences of the participants are explored? There is also an argument that to impose treatment without taking the views of the participants into account is in itself unethical (Marshall, Fernandez, Marshall and Serran, 2006).

As with quantitative research, there is a dearth of studies exploring the views of those receiving sex offender treatment, especially in health service settings. What does exist is focused mainly on those without learning disabilities. These studies show that engagement in treatment is heavily influenced by participants' perceptions of the level of support and safety in treatment (Day, 1999; Drapeau, Annett-Korner & Granger, 2004; Grady & Brodersen, 2008). Coercive elements of treatment were found to undermine participants' appraisal of effectiveness (Williams, 2004). Challenge by peers in a treatment group can be seen as a helpful way of encouraging

offenders to accept responsibility (Levenson, Prescott & D'Amora, 2010). However, unless handled well by group leaders, such challenges can lead to feelings of confrontation (Day, 1999). Disclosure of offences, especially if made under pressure, has been identified by several studies to be painful and difficult but also potentially helpful (Collins, Brown & Lennings, 2010; Drapeau et al., 2004; Wakeling, Webster & Mann, 2005).

In respect of sex offenders with learning disabilities, the literature reports that participants value the support of other group members, that treatment components focusing on victim empathy and offence disclosure are the most helpful and most difficult aspects of treatment and that talking about offences is emotionally difficult (Hays, Murphy, Langdon, Rose & Reed, 2007; MacDonald, Sinison & Hollins, 2003).

The aims of the current study were to add to the limited understanding of how sex offenders with learning disabilities make sense of their treatment. Specifically, it aimed to gain insight into what it means to men with mild learning disabilities to attend a long-term sex offender group treatment programme provided in a National Health Service setting.

Method

Participants

Participants were seven men with mild learning disabilities attending a sex offender group treatment programme run by a Psychological Therapies Service in Scotland.

Recruitment from this group was felt to be appropriate in order to meet the study aims. In addition, the researcher, who was working as a trainee clinical psychologist in the same region, was able to make contact with the service in order to initiate recruitment. Characteristics of participants are shown in table 1.

Table 1 – Characteristics of participants

Characteristic	Detail of participants
Age	Range 28 - 69 years (mean = 42 years)
Length of time attending treatment group	Range 12 months – 14 years (not continuous) Mean = 77 months
Types of offences (all had committed at least one offence)	Rape, indecent exposure, communication offences, lewd and libidinous behaviour (all had offended against children and some also against adults)
Status of attendance At time of interviews	Voluntary n = 4 (all previously by probation order) Probation order n = 3
In-patient or out-patient At time of interviews	In-patient n = 2 Out-patient n = 5

Intervention

The Group operated on a continuous rolling basis with men joining and leaving as appropriate to their needs as determined by the courts and/or clinicians. It met once a week for 2.5 hours, with a 20 minutes break in the middle. The treatment model was CBT based and followed Good Lives principles. The first half of the session comprised a review of the week and any successes or challenges for each group member. Group members were encouraged to discuss issues, challenge and provide advice. The second half of sessions typically focused on particular treatment modules. These included reiterating the purpose of the Group, exploring motivation

to change, boundaries of behaviour, cycles of offending, responsibility and cognitive distortions, victim empathy, identifying and managing risk and relapse prevention including developing pro-social relationships.

Procedure

Recruitment. The forensic psychologist in charge of the sex offender treatment programme was contacted in order to identify potential participants. To be included in the study, participants had to be:

- Aged between 16 and 70 years
- Formally diagnosed as having a mild learning disability
- Attending the sex offender treatment programme (minimum six months).

Participants' Responsible Medical Officer was asked to confirm that participants were able to give informed consent and had sufficient communication skills to be able to participate. Potential participants were excluded if they were currently experiencing active symptoms of mental illness. Ten men met the inclusion criteria and 7 agreed to participate. Those who declined were not asked for their reasons in line with ethical considerations outlined below.

Ethical considerations. This study was approved by the relevant Research Ethics Committee. People with learning disabilities may be more prone to being coerced into participating in research (Goldsmith, Skirton & Webb, 2008), so particular attention was paid to informed consent. Patient information and consent forms were developed with advice from a specialist Speech and Language Therapist and it was

made clear to participants that their involvement was voluntary and that a decision to participate or not would have no effect on their care.

Research context and setting. Interviews were conducted in an interview room on the hospital site where the sex offender treatment group met. Interviews were conducted immediately after the treatment group.

Data collection

Data were collected using face to face, semi-structured interviews, as recommended for Interpretative Phenomenological Analysis (IPA) research by Smith, Flowers and Larkin (2009). Interviews were recorded on a digital recorder and transcribed verbatim by the researcher. An interview guide (see appendix E) focused on what it means to men with mild learning disabilities to be involved in a sex offender treatment programme. Questions related to four areas:

- The process of coming to be involved in the sex offender treatment programme
- Making sense of what the treatment programme is about
- The experience of actually being in a treatment group
- The values attached to attending the treatment group

Questions were supplemented by prompts where necessary. Interviews and transcriptions were all conducted between 8 November 2012 and 22 February 2013.

The duration of the interviews varied between 35 minutes and one hour (mean 46 minutes).

Participant feedback. Following analysis of the transcripts, the researcher met with the participants as a group to discuss findings. The discussion suggested that participants were able to identify with the results of the analysis and that it reflected their experience.

Analysis

IPA (Smith, Flowers & Larkin, 2009) was chosen for this study over other possible qualitative methodologies such as Discourse Analysis or Grounded Theory. IPA was designed for psychology research and is concerned with the way individuals make sense of and give meaning to, particular experiences in their lives. This study is about individuals' subjective experiences of being involved in a particular treatment programme, how they make sense of it and what it means to them. IPA therefore seemed the most appropriate methodology for this work.

Historically, there has been a view that people with learning disabilities may not be able to participate in qualitative research because of communication difficulties (e.g. Edgerton, 1967). Nind (2008) acknowledges there may be difficulties but also describes how these can be overcome, for example, by avoiding abstract language, using simple terms and keeping questions simple. Concerns about the use of IPA with this population include that participants may not provide the richness of data needed. However, there is now a growing body of research using IPA that

demonstrates its viability as a methodology with this client group. . These include Brown and Beail (2009) studying self-harm amongst people living in secure environments; Cookson and Dickson (2009) looking at experiences of people diagnosed with schizophrenia and Isherwood, Burns, Naylor and Read, (2007) regarding accounts of offending behaviour.

Analysis in this study was conducted according to guidelines for IPA research developed by Smith et al. (2009), which describes 6 stages :

Step 1. Reading and re-reading the transcript

During and following transcription, the researcher became familiar with the material by reading and re-reading the transcripts and noting any reflections about the material.

Step 2. Making initial notes

Beginning with the first transcript, the researcher made exploratory notes that were “descriptive” (identified content in the transcript), “linguistic” (identified particular use of language) or “conceptual/interpretive”. This line-by-line noting began a process of reflecting on the meanings of participants’ narratives.

Step 3. Developing emergent themes

The researcher entered a process of interpretation of what was being said in the transcript and tried to capture the essence of the meaning. An example of emergent themes from this study is given below:

Table 2: Example of transcript with emergent themes

Emergent themes	Transcript sample	Exploratory notes
<p>Feeling compelled initially.</p> <p>He emphasises a change.</p> <p>A safe place to return to</p>	<p>Researcher: And, you come to the group voluntarily don't you?</p> <p>Participant: Yeah. I didn't used to, I didn't used to be cus I was on probation er and that was the reason why I had to come to the group. Now that's all stopped. I come and go as I feel. If I feel I need to come because I've got any issues. Just pick up the phone and ask to speak to somebody and ask the group, to come back.</p>	<p>Had been compulsory but not any longer. Describes choosing to come back to group.</p> <p><i>"That's all stopped" – emphasis on not being required to come.</i></p> <p>Again, a sense that the group is fulfilling a need (maybe beyond its original purpose) for this participant? It's a place to come back to when he feels like it?</p>

*Standard script = descriptive, *italic script* = linguistic, **bold script** = interpretive

Step 4. Searching for connections across themes

The researcher examined the emergent themes to identify similarities between clusters and brought them together under unifying concepts. At this stage, it was important to ensure that the original meaning of the participants' words were retained and captured.

Step 5. Moving to the next case

Steps 1 -4 were repeated for the remaining transcripts, as far as possible, bracketing those themes already identified from earlier transcripts and considering each new transcript on its own merits.

Step 6. Looking for patterns across cases

The researcher identified the most powerful and prevalent themes across all transcripts, bringing them together as final master themes.

Demonstrating quality. Attention was paid to Yardley's (2000) criteria for ensuring quality. The researcher was mindful of the participants' position as offenders and as men with learning disabilities. Analysis was in-depth and reflective and a sample of coding was checked by the researcher's supervisor. In line with Smith (2011) who argues that there should be "sufficient sampling from corpus to show density of evidence for each theme" (p.17), themes were reported where they occurred in at least three transcripts. Extensive extracts are presented in the findings and steps taken in analysis are described. The researcher also maintained a reflective diary throughout the process. Findings were presented to the participants and feedback sought.

Results

Four themes were identified from the transcripts, one of which is reported here. This theme; "a process of change", is presented in table 3 with its six component sub-themes.

Table 3. Transcript theme and sub-themes

	"A Process of change"
Sub-theme 1	Anxiety and unfamiliarity
Sub-theme 2	Initial anger and resistance
Sub-theme 3	Experiencing hostility
Sub-theme 4	Looking back at a former self
Sub-theme 5	The value of time served
Sub-theme 6	Shift from compulsion to choice to leaving

Frequency of occurrence within transcripts. This theme arose in all seven transcripts, but the sub-themes varied in their frequency as shown in table 4.

Table 4: Distribution of themes within participant transcripts

Master theme	Sub themes	Occurrence of each theme by participant						
		1	2	3	4	5	6	7
A process of change	Anxiety and unfamiliarity	✓	✓	✓	✓	✓	✓	✓
	Initial anger and resistance	✓		✓	✓			
	Experiencing hostility		✓	✓	✓			
	Looking back at a former self	✓	✓	✓	✓			
	The value of time served	✓	✓	✓	✓		✓	
	Shift from compulsion to choice to leaving	✓	✓	✓	✓	✓		

Extracts from transcripts are presented to illustrate each sub-theme. Normal script represents the researcher's words and italic script the participant's.

Sub-theme 1 - Anxiety and unfamiliarity

All of the participants described how they had felt anxious and uncomfortable on first attending the Group:

“What was that like? How did you....how did you feel about that?”
“Being nervous at times.” (P 3)

For some, as Participant 2, this anxiety was partly due to unfamiliarity. He felt overwhelmed by a strange environment which he described as being like suddenly finding himself in a palace:

“Now when I came to that first group it's very strange. I like, I like, I'm thinking I'm in a palace or somewhere else, thinking about like that.A couple of weeks I got, I got there. But it's very hard, ooh.” (P2)

Here, the same participant eloquently described inner turmoil at having to reveal himself as a sex offender both to the group and perhaps also to himself. However, he was describing how he felt “when I first started”, not how he feels now:

“.....the new boy is going round and round. I said to (staff member), “x, my name is x. I’d better change my name”. No he said it’s the new rules now you got to do it – “my name is x”. Oh no, no.”

“Tell me about that because you were shaking your head and saying oh no. Tell me what that was like?”

“When I first started they went round the group, x, you know that and x, come to me, oh “my name is x”. next time they do that the same. I think about it and I said “no”.

“Why did you say no, what was it you didn’t like?”

“I can’t, I can’t cope. I can’t cope with my name all the time.” (P 2)

The same participant described how his anxiety lessened over time:

“And it was.....and I’m not saying that. It took me maybe about a week or a fortnight, I get it and after that I’m OK.” (P 2)

He talked of a week or a fortnight but he seemed to have difficulty with the concept of time and it seems more likely he was recalling a longer timescale.

Similarly, for other participants the anxiety was related to worry about other people hearing about their offences:

“But I never... for the first 18 months I never said a word in the group. I was feared to say anything about my past like.” (P 6)

This striking sense of length of time during which participants described feeling anxious was repeated by participant 4:

“It was (pause) scary at first but that was cus, the first 5 years, 6 years or something....” (P4)

Participant 5 articulated a combination of unfamiliarity and concern about others hearing about his offences:

“When you were told about it that first time, and you knew a little bit about what it was going to be like...what did you think about that?”

“Strange a bit.”

“Strange did you say?”

“Yeah.”

“Tell me a bit more about that.”

“Strange in that other people in the group know all your offences before and all that.” (P 5)

Sub-theme 2 - Initial anger and resistance

Alongside but distinguished from this sense of anxiety, three participants described feeling angry when they first came to the Group. Participant 1 described his anger as being related to a sense that he should not be there. He did not recognise the need to attend, perhaps even that he had committed an offence. However, he also described that he had calmed down. He was describing anger in the past, not an anger he felt for the Group now:

“At the time, the very first time I came here, I was a bit annoyed, ken, angry and I kind of blew up, I wasn’t used to it, being in the group.”

“Can you say any more about that? About that being angry, what was it...”

“I think it was like, shouldn’t be here ken, shouldn’t”

“You thought you shouldn’t be here? Can you say a little bit more about that?”

“It was really, I was on the verge of, I was on the verge of being out out the group ken I was coming in, ken, ken my temper was coming out, biting people’s heads off, but that’s all, calmed, calmed down.” (P 1)

Participant 3 also described his initial annoyance at having to attend. However, again, he was describing how he felt “at the first time”, not how he felt now:

“Well you would be annoyed at the first time you were quizzed about it.”

“So you were a bit annoyed?”

“Oh yes. I would sit in the whole room and say nothing for (inaudible) and just look at him.” (P 3)

He expressed his annoyance by refusing to participate in the Group. As with participant 1, the implication is that he felt that it was not appropriate for him to be there and his response was to resist.

Participant 4 did not express anger about first attending the group but he conveyed clearly a sense of resistance to the purpose of the Group which lasted several years but had changed:

“For the first couple of years I didn’t take on board what they were saying. Um, the staff in the groups, but I’ve been taking them on board now and it helped me to move forward.” (P4)

Sub-theme 3 - Experiencing hostility

As well as negative feelings towards the Group, three of the participants also conveyed that they had initially felt hostility directed at them **from** the Group. Participant 2 seemed to speak his inner narrative out loud. The Group’s questioning was experienced as hostile but he was also berating himself as a result of this questioning:

“People ask me about that. They ask me lot of things. Lot of things they ask me I can’t... I can’t um say it out. I can’t say nothing. I mean, why you come to that group? Why you done that bad thing? Why you do this and why you done that? And I turned back and said I know, I know, I know I done it. It done. Why you not think in the first time? Not doing them things and like and things like that? And I said, that done. And that way I went to the group.” (P2)

Participant 4 described more succinctly why he felt that the Group was hostile. He experienced their direct questioning of him as attacking and he made it quite clear that he did not find it helpful:

*“What was scary about the group can you remember?”
“It was just a bit bossy, a bit, bit bossy and they were like.... were, like at you all the time and that, you know? And I didn’t feel that was helpful. Like you were in the hot seat they called it. The way it was before and I didn’t like that.” (P4)*

In a similar way, participant 3 described the same process of being put in the “hot seat”, implying a spotlight or focus of attention that was experienced as hostile:

“What do you remember about the first time you came to the group?”
 “*Well you were in the hot seat constantly!*”
 “Anything you remember about it”
 “*You were in the hot seat. That was when x was taking it.*”
 “What was the hot seat?”
 “*When you were getting questions fired at you!*” (P 3)

Sub-theme 4 - Looking back at a former self

Four of the participants talked about themselves in a way that suggested they were looking back at another person. All of these men had been involved in the Group over several years. They had changed over time and were able to reflect on that. Participant 1 recalled his initial anger and remembered that at the time he joined the Group he did not take responsibility for his offences:

“What, what was it about being in the group at that time that made you feel angry?”
 Pause “*It wasn’t my fault (pause), ken maybe at the time I wasn’t accepting what I did. I wasn’t thinking it was my fault.....But, OK now, ken.*” (P1)

He described himself in the past tense “I wasn’t thinking it was my fault” conveying that he had changed and accepted it as his fault. He paused several times during this extract and seemed to be looking back with regret at a more irresponsible self. His addition of “But OK now, ken” underlined the change:

Participant 2 conveyed he was a different kind of person. However, his repetition of “I know, I know the group is helping me” suggested he was struggling to accept that he needed the help of the Group to make that change:

“*Um (pause) I know, I know the group is helping me and I’m not saying that but right up til now I’m a different kind of person.*” (P2)

This theme of looking back at a former self was most obviously illustrated by an extract from participant 4:

“I would have said when I first came I wouldn’t have listened. I would have been happy with the way I was. But I’m not that person now. I just want to achieve.. to move on in life.” (P4)

When first attending the Group he was happy with himself and his offending identity. However, something had changed in the interim and he clearly stated he is “not that person now”. He wanted to move on from his old self and create a new identity.

Sub-theme 5 - The value of time served

In all of the sub-themes making up “A process of change”, there was a common thread; the impact of time on the participants’ reactions to the Group and to their acceptance of its value to them as individuals. In this sub-theme, five participants conveyed explicitly that time is necessary in order to reap the benefits of attending the Group.

Participant 1 simply conveyed that he had been involved in the Group for a long time by choice (he was no longer required to attend through probation) and saw the value of that:

“Before that I had to come because I was, I was, I was on probation. That was about 3 years ago.”

“About 3 years ago.”

“It’s longer than that now. If you’ve no reoffended that’s a long time.” (P1)

He went on to explain that he had an understanding of the offending cycle, obtained from long attendance at the Group:

“Why’s that do you think?”

“Cus I’ve been to the treatment so I can see now, along the line coming along, worrying about re-offending, coming back to the group see? I give a sense that that’s just what I’ve got from the group. They’ve got to realise they need to take advice.” (P1)

For participant 3, it was the process of becoming comfortable with the Group that took “a while”. Whilst he did not define the timescale specifically, he had been attending the Group for many years:

“How long was it before you were more comfortable talking in the group?”

“That would be a while.”

“Ok, Ok so there was a period where it sounds like you were not very happy...”

“No. Because I had to get everybody’s confidence. Trust as well, maybe. From when you first started” (P3)

Later, this same participant talked about how he felt about attending the Group and reiterated that he felt comfortable (it doesn’t bother him) because he had been coming to the Group “for ages”. The implication here is that he would not have felt comfortable at an earlier stage:

“So imagine it’s Thursday morning and you’re coming along to the group, what do you feel like?”

“Doesn’t bother me”

“Doesn’t bother you? Do you have any feelings about it?”

“No cus I’ve been coming here for ages.” (P3)

Participant 4 recognised that he had to go through a process before benefitting from the Group. He reflected that he was irritated when others lie but recalled it took him time to realise the folly of this himself. He hoped that over time, other group members would go through this same process:

“Just when people lying in the group. It’s annoying when I have to hear that over and over each week. But you just have to learn (inaudible). I just go back to myself and that I lied in the group for a number of years. Eventually that may change, hopefully.”

(P4)

Participant 6 was adamant that it takes a long time for a group member to benefit from attending. He was incredulous that anyone should consider that attending the Group for a year or less would be of value:

“.....And you said it was about 18 months before you felt able....”
“*To open, open up to get your shell open.*” (P6)

“Cus I wonder if the group was a very short term thing that you only came to for say a year or six months, do you think it would be as useful?”
“*Useful for? Come for a year or six months? No. Not be useful, need more for to get your treatment done. Years.*” (P6)

Sub-theme 6 - Shift from compulsion to choice to leaving

Four participants described aspects of a journey from being compelled to attend the Group through choosing to attend voluntarily. Participants also described that whilst being **made** to leave the Group would be a punishment, being told they could leave because they had made progress, would be an achievement. This over-arching sense of change, from a negative to a positive attitude towards the Group, was reflected in much of the interview material.

“*Yeah. I didn’t used to, I didn’t used to be cus I was on probation er and that was the reason why I had to come to the group. Now that’s all stopped. I come and go as I feel. If I feel I need to come because I’ve got any issues. Just pick up the phone and ask to speak to somebody and ask the group, to come back.*” (P1)

“But something had happened and what you remember.... sounds like you remember that coming to the group was something you were told you had to do?”
“*Oh yes*”
“OK”
“*I’m actually voluntary*” (P3)

Participant 2 made it clear that he saw removal from the group as a punishment. He described that he would remove those who misbehaved if he were in charge:

Sighs. “One thing. I’d change. People telling the truth. Not telling lies. That. I’d change that. They tell lies. I’d not have them in the group.”
“So you would put them out if they told lies?”
“*I’d put them out. Out.*” (P 2)

Paradoxically, leaving the Group was also seen as a goal. However, there is no contradiction here; being made to leave because of bad behaviour is a sanction. Being told you can leave because you have made sufficient progress is an achievement. Participant 3, who attended voluntarily, described being able to leave as if it were a goal:

*“Cus you get to leave eventually! (laughs)
“Yeah, yeah”
“With a big steak pie in front of you. From x” (P3)*

Participant 4 conveyed his goal was to leave **because** he had met certain objectives (being able to manage his own behaviour):

*“Very. And I’m trying to come out of the (inaudible) group. It’s 10 year next year. I don’t want to be here for 11 years.”
“What would it what would it mean to you not to have to come to the group anymore?”
“Err it would mean trying to be more responsible, manage my own risk, which as x says, I need to work on that. And if I can manage that, that would be an achievement..” (P4)*

Discussion

This study of the views of 7 men with learning disabilities on their experiences of attending a sex offender treatment group identified a theme of “A process of change”. This incorporated 6 sub-themes. Participants began by feeling anxious and angry. Pressure to disclose offences was experienced as hostility from the Group. However, over time, participants came to feel more comfortable with the Group, more willing to talk about their offences and more willing to recognise that they were sex offenders. Some participants were able to reflect on this change in themselves, talking of being “a different person” and wanting to move on. Participants identified that it had taken a long time (years in some cases) for these changes to occur and

their negative feelings to abate. Participants who had initially been compelled to attend and had resisted had in some cases chosen to attend voluntarily as they became more positive about the Group's value to them. Indeed, they described being excluded from the Group as punishment. None-the-less, several participants wanted to leave, under certain circumstances. This apparent contradiction can be seen in terms of the difference between expulsion (to be avoided) and graduation (to be aspired to).

A pattern of changing attitudes over time is consistent with the findings of Day (1999) whose study of 40 men attending CBT based sex offender treatment found that they became more positive about the treatment the longer they remained in it.

Participants in the current study initially felt uncomfortable and anxious about attending treatment and this was often related to uncertainty about whether they could trust other group members. This concern about trust and the importance of a trusted and trusting environment is consistent with the literature on sex offenders with and without learning disabilities (e.g. Clarke, Tapp, Lord & Moore, 2013; Hays et al., 2007; Williams, 2004). Another source of anxiety in the current study was pressure to disclose offences. Again, this is consistent with the literature regarding offenders without learning disabilities (e.g. Drapeau et al., 2004; Wakeling et al., 2005) and with learning disabilities (Hays et al., 2007). Much of the qualitative literature on the views of sex offenders about treatment reports that perceived hostility from the group and a hostile environment in the group is a barrier to engagement (e.g. Hudson, 2005; Williams, 2004). However, pressure from fellow

group members to disclose offences is also reported as a useful technique if handled well (e.g. Levenson et al., 2010). In the current study, pressure to disclose was sometimes perceived as hostility from the Group in the early days of attendance. This seemed to be partly related to a particular group leader. Whilst a change of leader (and style) seemed to have been one factor in a reduction in perceived hostility, it was not the only one (as illustrated by one participant who remarked that he missed that group leader, despite having felt initial hostility and anger). It seems, therefore, that this perception of hostility was temporary and that disclosure came to be seen by participants as an important aspect of treatment. This seems to resonate with the findings of published studies which suggest that offenders can reflect on disclosure as both a difficult and helpful aspect of treatment (e.g. Day, 1999; Drapeau et al., 2004; Collins et al, 2010; Hays et al., 2007). It would be interesting to explore in future studies whether those attending treatment for shorter periods are more likely to report hostility from the group and less likely to report positive aspects of disclosure than those attending for longer.

Several participants reported initial feelings of anger towards the Group and linked this to denial of responsibility for their offences. This is consistent with the literature around the mechanisms for change in sex offender treatment for men with learning disabilities. Feeling angry and denying responsibility may reflect cognitive distortions. Lindsay (2009) describes cognitive distortions as attitudes that minimise harm to the victim and mitigate the responsibility of the offender. Lindsay and Smith, (1998) note that it can take 6 months for this client group to accept they are attending treatment as sex offenders. The current study is also consistent with

Lindsay and Smith's research reporting that offenders with learning disabilities attending a 2 year treatment showed significantly greater change in cognitive distortions than those attending a 1 year programme. They recommend that, because of the length of time taken to effect a shift in cognitive distortions with this client group, treatment (associated with probation) be for a minimum of 2 years and preferably 3. Lindsay, Neilson, Morrison and Smith (1998) suggest that length of treatment is a potentially crucial variable in relation to extent of cognitive change.

Consistent with the literature, several of the participants in the current study were able to reflect on the changes they saw in themselves throughout their attendance at the Group. Some even used the language of being a different person. Similar findings were made by Grady and Broderson (2008) who referred to an "internal shift in being". Participants in their study described a process of forming a new identity, developing increased self-esteem and changing how they felt about themselves. This seems to link to the work of Maruna (2001) who describes the role that life-scripts and reform stories play in desisting from criminal behaviour. He describes how ex-offenders develop a narrative about their lives, incorporating their previous offending behaviour and their new non-offending identities. There is also a connection here with a study by Scheela (1995) which describes how sex offenders go through a process of "re-modelling" their lives once they enter treatment.

A number of participants described wanting to leave the Group, but only under what they saw as the right circumstances, described above as "graduation". This suggests that participants had a sense of when it would be appropriate for them to leave. This

compares to the findings of Day (1999). He asked participants how they would know they were ready to leave treatment. A third did not know, a third said when they felt confident they would not re-offend and a third said when they were told by group leaders.

Study limitations

Participant numbers were small (although consistent with recommendations for IPA studies). In addition, participants were those who chose to participate, which may have biased the findings. Those who had attended the treatment group for less than 6 months were excluded. This meant that participants had been through the early stages in the group when they may have reported very different views. This may have biased findings towards positive perceptions of the group. Participants' circumstances also varied, however. Some had been attending for a very long time, others for a shorter period. Some were attending via probation order, others were voluntary. This may have impacted on the validity of the findings. However, the consistency of sub-themes that arose suggests that this may not have been a significant issue. Another factor was that the researcher was known to some of the participants due to having worked as trainee clinical psychologist in the service two years prior to the interviews. This may have biased responses. In addition, the proximity (both temporal and physical) of the interviews to the treatment group may have meant that responses were influenced by the issues being discussed in the Group at the time. Lastly, the interviews did not yield lengthy descriptions from the participants about their feelings, as might have been the case with a non-learning

disabled group. However, participant responses were reflective and insightful and provided sufficient richness of data to warrant the use of IPA as a methodology.

Clinical applications

The current study indicates that there are important clinical justifications for operating a long-term rolling treatment programme for sex offenders with learning disabilities, however difficult this may be in a climate where shorter, fixed term treatment programmes are the norm. The participants self-identified the need for time to come to terms with their attendance, to develop trust in the process and to make use of treatment. In this respect, the findings in this study are consistent with the quantitative research in the area. They are also consistent with the qualitative research about sex offenders without learning disabilities valuing a trusting a supportive environment. Other clinical implications are that treatment providers should be aware that offenders with learning disabilities may find it anxiety provoking and disturbing to attend group treatment. They may find it particularly painful to disclose offences and/or they may not recognise that they have offended. Staff managing such treatment groups should be mindful of these difficulties and ensure that they support group members through these initial stages.

Further research

This study demonstrates the viability of conducting qualitative research with this client group. Further research might usefully focus on longitudinal studies, for example, of the views of group members at the start of their treatment; after a period of 18 months and then at discharge. Certainly it would be valuable to capture the

perceptions of those attending treatment for less than 6 months. In addition, mixed methods research, linking quantitative measures of attitude change with qualitative studies of subjective views would be valuable.

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Extended Methodology

1. Introduction

The voices and views of service users can help to identify factors that impact on engagement with services. By capturing subjective experiences, qualitative research can be a valuable means of understanding treatment from the client's point of view. Qualitative research is interested in the particular; in gaining insight into the experiences of the individual in order to understand something of how he or she makes sense of those experiences. There is a strong argument, put forward for example by Yacoub *et al.*, (2008) to use qualitative research methods to explore service user views. However, qualitative studies looking at the experiences of sex offenders in treatment programmes are relatively rare (Grady & Brodersen, 2008). In addition, almost all those that do exist are concerned with sex offenders without learning disabilities.

The current study used Interpretative Phenomenological Analysis (IPA) (Smith *et al.*, 2009) to explore the experiences of men with learning disabilities who had attended a sex offender treatment group. The aim of the study was to develop an understanding of how these men made sense of their attendance at this group, what they understood it to be about and what it meant to them to be involved in the group.

2. Using Interpretative Phenomenological Analysis

2.1. Choice to use Interpretative Phenomenological Analysis

There are a number of qualitative methodologies that could have been used in this study. The most commonly used in psychology research are Discourse Analysis, Grounded Theory (Glaser & Strauss, 1967) and Interpretative Phenomenological Analysis (IPA) (Smith, 1996). Discourse Analysis emphasises the importance of social context to the way in which an individual gives an account of their experience. It is concerned with the language that people use to describe their experiences and how this language shapes activities and relationships (Starks & Trinidad, 2007). Grounded Theory and IPA share many features. They both start with a single account and look for themes that arise within it before moving on to look at additional accounts. However, in Grounded Theory, the primary aim is to develop an explanatory model of how a social process operates in a given context. It attempts to develop an understanding of patterns and relationships that occur in social relationships. IPA on the other hand explores the lived experience of individuals. It recognises the importance of cognition and emotion in developing that meaning but does not focus so heavily on language as does discourse analysis. Neither does it try to build an explanatory model of a process. IPA was originally designed for research in the field of psychology and is concerned with the way individuals make sense of particular experiences in their lives and the meanings they derive from those experiences. Smith (1996), who developed IPA, characterizes it as an attempt to unravel meanings through a process of interpretation. IPA was chosen as the methodology for this study as it is about individuals' subjective experiences of one

particular treatment programme and about how those individuals make sense of their experience.

IPA is built on the foundations of the underlying philosophical principles of phenomenology, hermeneutics and ideography. Phenomenology, a philosophical concept explored by Husserl (1925), is concerned with the exploration of experience. Willig (2001) describes phenomenology as being about an individual's subjective reality and how experiences are coloured by an individual's perceptions. Hermeneutics relates to the interpretative process that individuals go through when they are trying to make sense of an experience. However, in IPA research, there is a so-called "double-hermeneutic". It is not only about how the individual interprets their experience but how the researcher interprets the participant interpreting their experience. It is therefore important in IPA research that the researcher recognises and reflects upon their own position in this interpretative process and is able to acknowledge this in their analysis of their data. The third principle of IPA is the ideographic nature of the model. It is concerned with the experience of individuals. IPA research usually involves small numbers of participants so that this ideographic principle can be honoured. IPA research may look for similarities and differences between cases but it is always focusing on an in-depth analysis of the experience of the individual.

2.2. Choice to use interviews.

Data collection in qualitative studies can take many forms. Observation, questionnaire and video footage are some examples. In conducting IPA studies,

Smith *et al.* (2009) suggest that in-depth interviews and diaries may represent the best way to obtain the “rich, detailed, first-person accounts” (p. 56) that should form the basis of conducting IPA analysis. The question then, is whether to use a questionnaire in conducting interviews or to allow the interview to be completely unstructured? Smith *et al.* again suggest that semi-structured one-to-one interviews have tended to be the most commonly used method of data collection. They allow the participant to speak freely and give a personal account but also provide a guiding framework for the interviewer to ensure that areas of interest are captured. This seemed the most appropriate model for a novice IPA researcher interviewing men with learning disabilities and therefore semi-structured interviews were used in this study.

2.3. Using a Qualitative methodology in research with people with learning disabilities

In the past it had been argued that communication difficulties rendered it difficult for people with learning disabilities to participate in qualitative research (e.g. Edgerton, 1967). However, more recently, researchers such as Nind (2008), whilst acknowledging the difficulties, have also described ways of addressing these concerns. Careful use of language (simple questions, simple language and lack of abstract terms) can all help to mitigate difficulties. In the case of IPA, it is important that a richness of data is achieved. Concerns that people with learning disabilities may not be able to provide this richness have been addressed through the increasing volume of IPA research with this client group. This includes Brown and Beail (2009), Cookson and Dickson (2010) and Isherwood *et al.* (2007). All of these

studies confirm that it is possible to obtain the rich accounts of an individual's experience that are so necessary for IPA work.

In this particular study, several specific mechanisms were used to minimise the difficulties outlined by, for example, Nind (2008). Participants' Responsible Medical Officers were asked to confirm that participants had **mild** learning disabilities (according to formal cognitive assessments using the WAIS IV). Secondly, they were asked to confirm that the participants had sufficient communication skills to enable them to take part in a study of this nature. Thirdly, participant information (appendix F), consent forms (appendix G) and semi-structured interview guidelines (appendix E) used simple language that would be suitable for a group with mild learning disabilities. A specialist Speech and Language Therapist was consulted in the development of all of these documents.

As well as having a diagnosis of learning disability, participants in this study were also sexual offenders. It is also important, therefore, to consider whether IPA has been successfully used with an offender population. There are a number of recent precedents for the use of IPA with forensic populations. Blagden *et al.* (2011) interviewed 11 men who had been convicted of sexual offences about their accounts and experiences of maintaining and leaving denial. Clarkson *et al.* (2009) interviewed 11 men in a forensic service for people with intellectual disabilities about the characteristics they valued in support staff. The participants who took part in the study by Isherwood *et al.* (2007), noted above, had committed sexual offences

or arson. It is of note that, in line with the ideographic nature of IPA, all of these studies had small participant numbers and focused on in-depth analysis of the data.

3. Researcher's reflections

As a trainee clinical psychologist on placement in a forensic learning disabilities service, I had been involved in the sex offender treatment programme subject of this study. This treatment is based on an adapted version of the Good Lives Model (Ward & Stewart, 2003). I was aware of the underlying principles of the treatment model; combining management of risk with helping group members to build fulfilling lives without offending. I found myself wondering about a number of issues around the treatment group and the experiences of those who were part of it. I was struck by how direct some of the programme was; group members being expected to disclose their offences and acknowledge responsibility in front of the group. Alongside that, I noticed that many of the group members had been attending for many years and I wondered whether their prolonged attendance had utility for them. In addition, I noted how, for the most part, group members were willing to share their stories and discuss issues and offer each other advice. Indeed, it seemed to me that some members seemed to positively enjoy the company that the group provided. I was aware of the literature around sex offender treatment and coercive vs. supportive atmospheres and its links with engagement (e.g. Marshall *et al.*, 2003). In addition, the literature that suggests that confrontational style in treatment has a negative impact on engagement (e.g. Beech & Hamilton-Giachritsis, 2005). I was curious as to whether the members of this treatment group had any sense of being either coerced or supported and how they might articulate that. I was curious as to what the

group members made of their involvement in this treatment. Did they have any understanding of the underlying Good Lives principles of the treatment programme? In what ways (if any) did they see the treatment as being useful to them? I wondered how the group members felt about being there, if they resented having to attend (due for example, to conditions of probation) and whether they saw it as a punishment. I also wondered if, at a basic level, group members made any connection between their offences and their attendance.

The sex offender treatment group was led by a forensic psychologist. Many members of the group seemed to regard this psychologist as a key authority figure in their lives. I was curious as to what extent the group members' perceptions of treatment would be bound up with their feelings about this individual.

I felt that qualitative research might offer some insights into these issues and in turn, compliment quantitative research around the effectiveness of treatment.

4. The research context

In qualitative research, the data emerges from an interaction between the participant and the researcher at a specific time in a specific setting. It would be reasonable to assume that the setting and timing may have an impact on what the participant says and how that is interpreted by the researcher. For this study, interviews were conducted on the hospital site where the sex offender treatment programme was delivered. Interviews were conducted on the ward at the same time that the treatment

group was meeting and so participants came straight from the treatment group to the interviews.

5. Ethical issues

This study was approved by the University of Edinburgh DCLinPsychol. Ethics Committee. It was also approved by East of Scotland Research Ethics Committee (appendix H) and NHS Research and Development Department (appendix I)). Permission to conduct the research on the hospital site was obtained from the Lead Clinician for Learning Disability Psychological Therapies Services within NHS. A number of key ethical issues are summarised below along with the steps taken to address these issues.

5.1. Informed Consent

Informed consent in this context refers to the ability of the individual to understand what they are being asked to participate in, understand the consequences of participating or not and make a decision to participate freely and without feeling undue pressure. In the past it has been considered that people with learning disabilities could not give informed consent. However, this approach has changed. There are now various guidelines for the conduct of research with people with learning disabilities, which address the area of informed consent (e.g. Nind, 2008 and Cameron & Murphy, 2007). In this study, a number of steps were taken to ensure that informed consent was obtained by all those who participated. Before individuals were invited to participate in this study, their Responsible Medical Officer (RMO) was asked to confirm that they were considered able to provide informed consent.

Participants were provided with a Patient Information Sheet developed with advice from a Speech and Language Therapist specialising in work with people with learning disabilities. A similar information sheet was provided to carers (appendix J) and potential participants were encouraged to discuss the study with carers if they wished to do so.

Another concern around informed consent is that individuals with learning disabilities may be more prone to acquiescence than individuals in the mainstream population. They may be more inclined to try to please the researcher and less inclined to withdraw (Goldsmith *et al.* 2008). To address this issue, at the time of presentation of the Patient Information Sheet, individuals received a clear explanation that:

- They did not have to participate.
- That there would be no pressure applied either by the researcher or by any members of their professional or care staff to participate.
- That their care would not be affected in any way by their decision, whether that was to participate or not.
- That they could withdraw at any time without their care being affected in any way and without giving a reason.

Those who agreed to take part in the study were asked to sign a consent form which again, had been developed with advice from a specialist Speech and Language Therapist. It asked individuals to tick a number of different boxes which relate to different parts of the study. This was in line with advice from Dunn *et al.* (2006) that

people with LD find it easier to understand information that is broken down into small units.

5.2.Patient Vulnerability

This study involved interviewing participants about subjects that were potentially distressing for them. Steps were taken to firstly reduce and then to manage any distress. These were outlined in the participant information sheet. In addition, before each interview, nursing staff were approached to enquire whether the participant's presentation on the day suggested it would be suitable to conduct the interview. Nursing staff were present in the building at all times should it have been necessary to end the interview and seek support for a participant.

Before the interview, each participant was reminded that they could stop the interview at any time without it affecting their care or treatment. They were told that they did not have to speak about any subject that they did not wish to talk about. Within the study protocol, steps were outlined should a participant become distressed during the interview. In summary, this would have involved ending the interview, informing nursing staff and the participant's forensic psychologist and RMO and ensuring that the participant had support from nursing staff. Participants were informed that there would be feedback provided on the study should they wish to be involved in that. They were also given contact details in the event they had any concerns or grievances about the study.

5.3. Confidentiality

Participants were told that the only people who would be informed about their involvement in the study were ward nursing staff, their RMO and their forensic psychologist. It was emphasised, to participants in person and in the participant information sheet, that the content of the interviews would be confidential within limits. These limits were that if participants disclosed intention to harm themselves or others, disclosed offences previously undisclosed or disclosed intention to commit further offences that their forensic psychologist would need to be informed. Written consent was obtained to record interviews and it was explained to the participants in person and in the participant information sheet what would happen to these recordings and to the subsequent transcripts. No patient identifiable information was included in transcripts.

5.4. Risk

As this was a forensic population, there were a number of risks to be addressed in conducting this study. The researcher made herself familiar with the presentation, triggers and risk management plan for each participant. All interviews took place within a hospital ward and nursing staff were present at all times in the ward. Participants were only interviewed if nursing staff confirmed that their presentation on the day indicated that it was suitable to do so. The researcher wore a personal alarm during the interviews in line with the protocol of the forensic service. If, during the course of the interview the participant became angry or distressed, the researcher knew to follow the risk management protocols as per nursing guidelines and to activate the alarm should it be necessary.

6. Sampling and sample size.

IPA research uses purposive sampling, that is, it seeks out individuals who can offer insight into a particular experience. Sampling is also recognised as often being opportunistic in that researchers may identify participants through contacts that they already have (Smith *et al.* 2009). In this case the researcher was interested in the experiences of a very particular population; men with learning disabilities who were or had been involved in a sex offender treatment programme. By virtue of being on placement as a trainee clinical psychologist in the region, the researcher was able to contact men involved in the sex offender treatment programme delivered there. As IPA is an ideographic approach, concerned with the detailed understanding of individual accounts, sample sizes are usually small. Indeed, Smith *et al.* (2009) argue that as the methodology matures, sample sizes are coming down and suggest that studies usually benefit from a small number of cases. They specifically suggest that for professional doctorate studies, sample sizes of between four and ten are appropriate. In this study, the population from which participants could be drawn was relatively small. The number of men participating in the sex offender treatment programme at the hospital at the time of recruitment (or having completed it within the previous 6 months) was 16. Of these, 10 were considered suitable. These individuals were approached to ask if they would be interested and 7 responded. As this fell within the guidelines suggested by the developers of IPA, this number was considered by the researcher to be appropriate.

7. Recruitment

The recruitment procedure was devised in collaboration with the researcher's clinical supervisor and forensic psychologist who led the sex offender treatment groups. The forensic psychologist provided a list of names of all those in the group (and those who had been discharged from the group within the last six months) to the researcher. The researcher wrote to the relevant Responsible Medical Officers for confirmation that these individuals met the inclusion criteria (and should not be excluded on the grounds of the exclusion criteria) and that they could be approached about participation in the study. A clinician known to each potential participant then approached each individual to tell him about the study and ask if he would be interested in participating. Each potential participant was provided with a Participant Information Sheet, which was also read to him. After seven days, the potential participants were approached again and asked if they would still like to consider participation. The researcher then met with each potential participant to discuss the study a third time. At this meeting, if the potential participants agreed to take part, they were asked to sign a consent form and a date was arranged for the interview to take place. Ten individuals were identified as suitable to approach about the study. The RMOs endorsed all of these individuals. Of these, seven people agreed to participate in the study. Three individuals declined to be involved and they were not asked for their reasons.

7.1.Inclusion criteria

- 1) Men aged 16 or over and under 70 years.

- 2) Formally assessed as having a mild learning disability using a formal cognitive assessment measure such as the Weschler Adult Intelligence Scale.
- 3) Having had at least one incident of sexually inappropriate behaviour.
- 4) Attending or having attended in the last 12 months the sex offender treatment programme run by Psychological Therapies for People with Learning Disabilities.
- 5) Having attended the sex offender treatment programme for a minimum of six months.
- 5) Deemed able to give informed consent to participate in the study (as judged by a relevant clinician)
- 6) Deemed to have communication skills sufficient to be able to participate in the study (as judged by a relevant clinician).

7.2. Exclusion criteria

- 1) Currently experiencing active symptoms of mental ill health.
- 7) Men not considered able to give informed consent to participate in the study.
- 8) Men deemed not to have sufficient communication skills to be able to participate in the study.

Participants were aged between 28 and 69 years. The mean age was 42 years. The length of time these men had been involved in the sex offender treatment group varied from 12 months to 14 years (not continuous) and the mean was 77 months. Offences committed by the participants included rape, indecent exposure,

communication offences and lewd and libidinous behaviour. All had offended against children at some time and some had also offended against adults. Four of the participants were attending the Group voluntarily at the time of the interviews, having previously been on probation orders. The remaining three participants were attending as a condition of probation orders at the time of the interviews. Two participants were in-patients at the hospital at the time of the interviews and the remaining five were attending as out-patients.

8. Procedure

The procedure for the interviews was devised with advice from the researcher's clinical and academic supervisors. Arrangements were made with ward staff for interviews to take place in a clinic room on the ward. For risk management purposes, ward staff were aware when each interview was taking place. In the case of one of the participants, nursing staff were posted outside the interview room for the duration of the interview for risk management purposes.

Before each interview, the participants were reminded that they did not have to participate and could end the interview at any time, without giving a reason, and that this would not impact on their care. They were reminded that the interview would be recorded and that this recording would be downloaded, transcribed (without names or personal identifiers) and then the recording would be erased. The interviews were based on semi-structured format developed with advice from the researcher's supervisors and a specialist Speech and Language Therapist. This schedule was also approved by the relevant Research Ethics Committee.

The interviews took place between 8 November 2012 and 22 February 2013. The length of the interviews varied between 35 minutes and one hour with a mean duration of 46 minutes. Participants were reminded of the limits to confidentiality before each interview.

Although an interview schedule was used as a guide to the interview process, this was used flexibly to enable the interviewer to explore issues as they arose. This is in line with guidelines by Smith *et al.* (2009). Prompts were used according to the responses provided by the participant. The general format of the interviews was to begin with factual information about how long the participant had been attending the group and where it was held. Questions then moved on to the participant's early involvement in the group, why they thought they were involved and what they had been told about the group.

The next set of questions focused on what the participant had felt about first joining the group, what happened in the group, what they thought it was about and how they felt about being involved in it. Subsequent questions focused on whether participants found the group helpful and if so in what way. In most of the interviews, a significant amount of time was spent exploring how the group worked, how the participant engaged with the group, the role of other group members and the role of staff. Interviews ended with questions about what participants liked and disliked about the group and what (if anything) they would have liked to see change.

Some participants talked freely without the need for many prompts whilst others needed more prompts. These took the form of follow-up questions such as “Can you tell me a bit more about that?”, “I’d be interested to hear more about that” and “you said you felt (angry) at first. Can you remember what you were angry about?” The researcher also provided a lot of summarising and feedback to the participants to ensure that she had understood correctly. For example “So you are saying that you felt angry when you first came to the group. Have I picked that up correctly?” An example of the transcript from one participant is shown in appendix K.

8.1.Data management

Interviews were recorded on a digital recorder and immediately downloaded onto a password protected NHS computer on the hospital site. The interviews were transcribed verbatim by the researcher within seven days of the interview. Thereafter, the recordings were erased. All personally identifiable information was removed in the transcription process and participants were identified by number rather than name. Due to the intention of the researcher to publish the findings of this study, anonymised transcripts will be retained in a locked cabinet on NHS premises for a period of five years.

8.2.Data analysis

In IPA studies there is flexibility in the way in which data analysis proceeds. However, it is usual for the process to start with identifying themes from the first interview before moving on to consider themes in subsequent transcripts. In conducting this study, guidelines from Smith *et al.* (2009) were used:

- Step 1. Reading and re-reading the transcript
- Step 2. Making initial notes
- Step 3. Developing emergent themes
- Step 4. Searching for connections across themes
- Step 5. Moving to the next case
- Step 6. Looking for patterns across cases

Step 1. Reading and re-reading

The researcher read and re-read the first transcript many times. During this process, any initial reflections were noted in the researcher's diary.

Step 2. Initial noting

The researcher took the first transcript and began a careful, line-by-line analysis, making notes that were either "descriptive" (identified content in the transcript), "linguistic" (identified particular use of language) or "conceptual/interpretive" (related to the researcher's tentative interpretation of the transcript). An example is shown in table 1.

Step 3. Emergent themes

According to Smith *et al.* (2009), emergent themes are a "concise and pithy statement" (p. 92), which distils the important psychological essence of the comments attached to a piece of transcript. The themes allow for the researcher's interpretation of what was being said in the transcript. In this part of the process, the researcher went back to the initial notes to begin the construction of these emergent

themes as shown in table 2. The summary of master themes from transcript 1 is shown in appendix L.

Table 1: Example of transcript with explanatory notes

Emergent themes	Transcript sample	Exploratory notes
	<p>Researcher: And, you come to the group voluntarily don't you?</p> <p>Participant: Yeah. I didn't used to, I didn't used to be cus I was on probation er and that was the reason why I had to come to the group. Now that's all stopped. I come and go as I feel. If I feel I need to come because I've got any issues. Just pick up the phone and ask to speak to somebody and ask the group, to come back.</p>	<p>Had been compulsory but not any longer. Describes choosing to come back to group.</p> <p><i>"That's all stopped" – emphasis on not being required to come.</i></p> <p>Again, a sense that the group is fulfilling a need (maybe beyond its original purpose) for this participant? It's a place to come back to when he feels like it?</p>

Normal script = descriptive, *Italic script* = linguistic, **Bold script** = interpretive

Step 4. Searching for connections across themes

The researcher considered any similarities between themes or clusters of themes within the transcript. Similar themes were then grouped as emerging master themes.

Table 2: Example of Transcript with Emergent Themes

Emergent themes	Transcript sample	Exploratory notes
<p>Feeling compelled initially.</p> <p>He emphasises a change.</p> <p>Importance of being able to choose.</p>	<p>Researcher: And, you come to the group voluntarily don't you?</p> <p>Participant: Yeah. I didn't used to, I didn't used to be cus I was on probation er and that was the reason why I had to come to the group. Now that's all stopped. I come and go as I feel. If I feel I need to come because I've got any issues. Just pick up the phone and ask to speak to somebody and ask the group, to come back.</p>	<p>Had been compulsory but not any longer. Describes choosing to come back to group.</p> <p><i>"That's all stopped" – emphasis on not being required to come.</i></p> <p>Again, a sense that the group is fulfilling a need (maybe beyond its original purpose) for this participant? It's a place to come back to when he feels like it?</p>

Step 5. Moving to the next case

Once steps 1 - 4 had been completed for the first transcript, the researcher moved on to repeat the process for the next transcripts. In line with the ideographic nature of IPA, the researcher attempted to "bracket" (as far as was possible) the themes identified in the first transcript and to look afresh at the subsequent transcripts. Smith (2011) argues that in order to meet validity criteria for an IPA study with this number of participants, examples of each theme should be identified in transcripts from at least three participants. In this study, this criterion was adopted and all themes finally identified occurred in at least three of the participant transcripts.

Step 6. Looking for patterns across cases

At this stage, the researcher looked across all of the themes identified in the seven interviews to consider which were the most striking and frequent. At this stage, the researcher also considered if themes from later transcripts shed light on the content of earlier transcripts. Where themes were considered the most potent or seemed to capture a number of lesser themes, they were described as master themes. Finally, master-themes and their component sub-themes were brought together under one unifying concept.

9. Demonstrating quality

It is as important in conducting qualitative research as it is in quantitative research to demonstrate how methodological quality has been achieved.

Yardley (2000) describes four aspects to demonstrating quality:

- Sensitivity to context
- Commitment and rigour
- Transparency and coherence
- Impact and importance

These criteria have been applied in the current study as detailed below:

9.1.Sensitivity to context

This can be demonstrated through choosing IPA as a research method with its ideographic stance. In this study, IPA was chosen specifically because of its focus on

in-depth analysis of individual accounts. In addition, sensitivity to context was demonstrated by considering the potential vulnerability of the participants and taking care to ensure that they did not feel coerced into taking part. In developing information materials, the researcher took account of participants' learning disabilities and their potentially disadvantaged position as offenders. Sensitivity was also demonstrated in the in-depth and reflective style of the analysis of the data; always being aware of the double hermeneutic involved. Lastly, the researcher was also sensitive to the existing qualitative literature in the field.

9.2.Commitment and rigour

Commitment and rigour refers to demonstrating sufficient detail and quality of analysis to ensure that the results are indeed valid. As with sensitivity to context, commitment can be partially demonstrated by the researcher's serious approach to the subject. Engagement in the topic, engagement in the method of IPA and engagement in the data are all important features. Rigour is also demonstrated by attention to the recruitment process (ensuring selection of potential participants helps to address the particular research question), the interview and data analysis process. The researcher was careful about the construction of the interview guidelines and about the use of these guidelines during the interview. For example, trying to strike a balance between leading the participants and providing enough prompting to address the questions under consideration. In terms of the data analysis, the researcher tried to ensure that the commitment to the ideographic nature of IPA was adhered to by interviewing a small sample of individuals, by careful detailed, line-by-line analysis, by using interpretation rather than just description in the coding of the themes and by

acknowledging her own stance through keeping a reflective diary. The researcher also demonstrated rigour by undertaking her own transcriptions of the interview recordings.

In developing the themes in this study, the researcher followed the process of ideographic engagement by moving from a single account to subsequent accounts and returning to the earlier ones in an iterative process. In order to support the researcher's development of themes, extensive quotes were also used to illustrate these themes. Samples of coded transcripts were reviewed by the researcher's supervisor (who has extensive experience and expertise in qualitative research) to add credibility to the themes selected.

The researcher wished to ensure that the participants had the opportunity to hear about the findings and respond to these. Following data analysis, a feedback meeting was arranged and all participants were invited to attend. The findings were presented to them (using simplified language) and the group was invited to discuss whether members felt that the themes identified captured their views about the treatment group. Participants engaged well in this discussion and agreed that the themes did capture their experiences.

9.3. Transparency and coherence

Transparency refers to whether it is possible to follow the steps that have been taken by the researcher in carrying out the research. In this study, the researcher described how participants were recruited, how the interview guidelines were developed, how

the interview was conducted, how data were obtained and the steps taken in the analysis of that data. Extensive quotes were used to illustrate the themes identified, further adding to transparency. In IPA particularly, it is important that the researcher is open about their particular stance and position and the impact that this may have had on all aspects of the research process (selection of research question, recruitment of participants, interview guidelines, style of interview, data analysis). The researcher was particularly aware of this during the study and maintained a reflective diary throughout. This described long-standing influences from her own background, from literature reviewed, from clinical experience and from her supervisors.

Coherence refers to whether the findings of the study and the way these are written up can be followed by the reader. It also refers to whether findings are consistent with the existing literature and the theoretical underpinnings of the research methodology used. Coherence is largely something that can only be judged by the reader of the final findings. However, the researcher did address this. Her academic and clinical supervisors reviewed all stages of the study and in particular, reviewed samples of transcripts and thematic coding to ensure that they were consistent with the model of IPA analysis. Presentation of the themes and their relationships in diagrammatic form was also intended to address coherence.

9.4.Impact and importance

This factor relates to whether the study contributes something to the existing knowledge of this particular area and whether it tells the reader something new and interesting. In the case of this study, it is an addition to the somewhat sparse body of

qualitative research regarding a particular group of individuals; namely sex offenders with learning disabilities.

9.5.Additional criteria

Smith (2011) has recently identified a set of seven criteria that should be used in judging a good quality IPA paper. There is a clear overlap with the criteria described by Yardley (2000). However, there are some areas where Smith's criteria are more specific. In the current study, attention was also paid to trying to meet Smith's criteria as detailed below:

- **A clear focus.**

The study focused on a very specific group of individuals with a very specific experience.

- **Strong data.**

The researcher used a semi-structured interview model and was sensitive to the participants' potentially vulnerable position. Open questions were balanced with prompts in order to address the questions under consideration.

- **Rigour.**

Smith is specific in his definition of rigour. He argues that there should be "sufficient sampling from corpus to show density of evidence for each theme" (p.17). He specifies that for studies with between 4 and 8 participants, extracts should be identified from at least 3 participants. In this study, all identified themes occurred in at least three of the participant's transcripts.

- **Sufficient elaboration of each theme.**

Extensive verbatim quotes were also used to illustrate themes.

- **Analysis should be interpretive not just descriptive.**

The researcher used Smith's six steps in analysing the data. In developing themes, the researcher involved her own interpretation of the interview material.

- **Analysis should be point to both convergence and divergence.**

Attention was applied both to those themes that seemed common across participants and those that stood out as markedly different, individual or even contradictory.

- **Carefully written.**

The researcher attempted to write up the findings as a coherent narrative that would engage the reader.

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Extended Results

1. Introduction

The aim of this study was to gain insight into the lived experience of men with mild learning disabilities attending a sex offender treatment programme.

2. Bringing the themes together

Analysis of the interview material identified four master themes, “Making sense of the purpose”, “A process of change”, “Conceptualising how it works” and “What else is gained?” The master themes comprised 19 sub-themes. The relationship of the master themes to sub-themes is shown in table1.

Table 1: Master themes and relationship to sub-themes

Master-themes	Sub-themes
1. Making sense of the purpose	1. A consequence of sexual offending
	2. Preventing re-offending
	3. Building a better life
	4. Being saved from prison
2. A process of change	5. Anxiety and unfamiliarity
	6. Initial anger and resistance
	7. Experiencing hostility
	8. Looking back at a former self
	9. The value of time served
	10. Shift of compulsion to choice to leaving
3. Conceptualising how it works	11. Providing advice on specific dilemmas
	12. The value of disclosing
	13. Responsibility for engaging
	14. Lying undermines the group
	15. Struggling with concepts
4. What is else is gained?	16. A sense of mastery
	17. Being a mentor
	18. A safe place to return to
	19. A chance to bully and control

The distribution of themes and sub-themes across the transcripts is shown in Appendix M.

Smith (2009) recommends that, in IPA research, consideration be given to how the master-themes relate to each other under some unifying concept. In reflecting on the four master-themes described above, it was felt that all the themes could be seen in terms of participants coming to an accommodation with their involvement in the Group.

Participants made sense of the purpose of the Group and its value to them in a variety of ways. Somehow, they had to make sense of why they were there and what the Group was for. For some, the purpose was relatively simple – they were there because they had offended and the Group saved them from prison. Others were able to see a more complex purpose of helping them build a better life.

For many participants, their accommodation with the Group changed over time, hence the theme “A process of change”. They began by having an anxious, even angry, relationship with the Group and denied their need for its help. Over time they became accepting of their need to be there and the Group’s potential to help. For some, their accommodation turned around completely so that they saw the Group as a safe haven. The process of change then mediated their understanding of both the purpose and the mechanisms of the Group. Participants’ accommodation with the Group depended substantially on how they saw it working. They knew they would receive (and possibly give) advice, they would have to disclose their offences and not

tell lies. In this way, they would be seen to abide by the rules and gain positive feedback from the group leaders. They also knew there would be some techniques they would be expected to master but for some, this was puzzling and difficult. Lastly, participants' accommodation with the Group was enhanced if they perceived additional gains accruing over time. They might have come to view it as a social occasion or a comforting and trusting circle. For some it was the one place where they felt they had mastered new skills, could be seen in a mentoring role and perhaps exerted some control over others. Figure 1 shows the connections between master-themes and with the unifying concept of "Finding an accommodation with the Group".

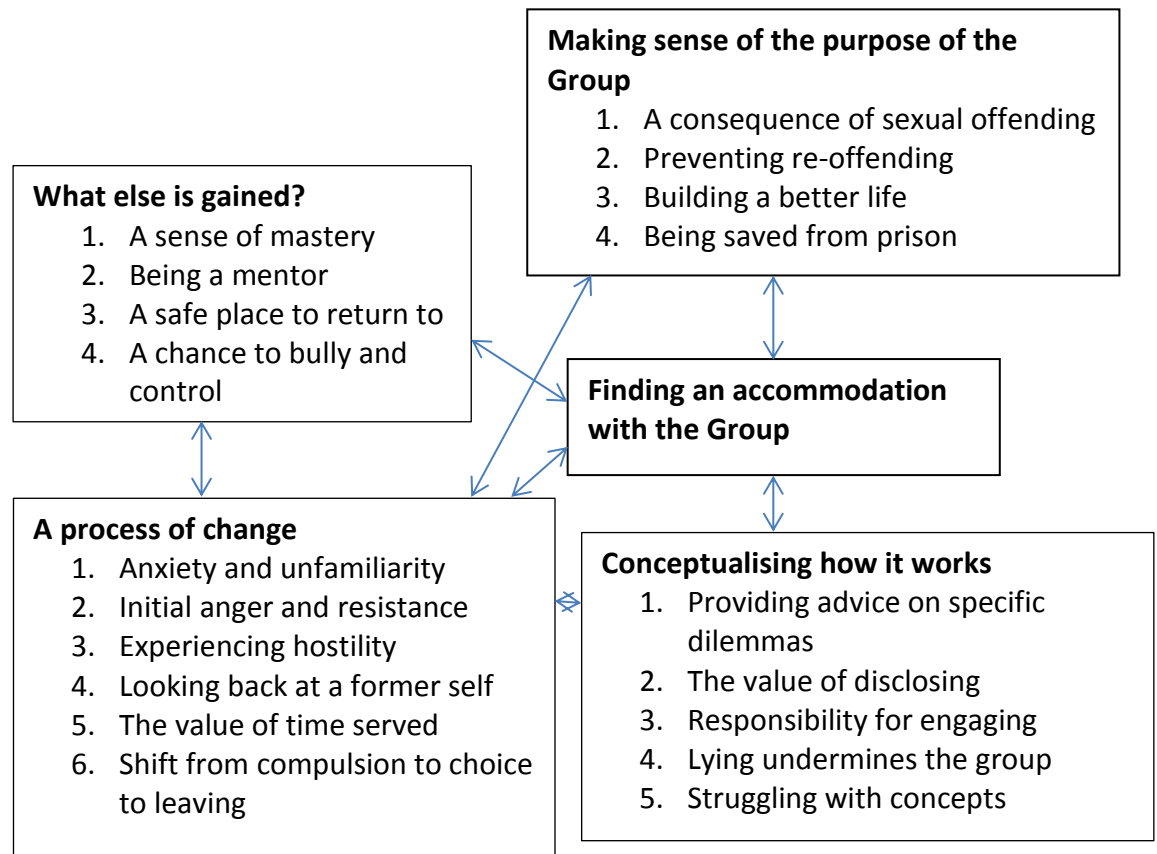


Figure 1. Bringing the master-themes together: Finding an accommodation with the Group.

3. Discussion of themes

One of the master themes, “A process of change”, is presented in the journal article chapter of this thesis. The remaining three are presented in this extended results chapter.

Each of the three master-themes and the constituent sub-themes are described in detail below and illustrated with verbatim extracts from participants. Extracts were chosen because they seemed to capture important elements of the relevant theme. In order to contextualise the participants’ comments, comments or questions from the researcher are also included. The researcher’s words are shown in normal script and the participant’s words in italic script.

3.1. Master theme - Making sense of the purpose

This theme related to how the participants understood they had come to be involved in the Group, why they were there and what it was for. Participants understood that their involvement with the Group related to offending behaviours. Some were more reluctant than others to label their offences as sexual. They made sense of the purpose of the Group as being to help them not to re-offend. However, a broader purpose was also communicated. Several participants saw the Group as helping them to build better lives and to move on from their offending lives. At a more concrete level, there was a third purpose; that of saving them from prison, Prison was characterised as punishment in a way that attending the Group was not.

3.1.1. Sub-theme: A consequence of sexual offending

In the interviews, all of the participants articulated some understanding that the reason for their attendance at the Group was related to offending. Most made the link between their attendance and a **sexual** offence. For example, this participant described directly the nature of his offence:

“What was the process that led to you coming to the group?”
“*Sexual, sexual, I’d done something sexual to a 10 year old child.*” (P1)

Participant 4 seemed very conversant with the fact that there was a legal process behind his involvement but less comfortable expressing that his offending was sexual in nature. He hinted that the nature of his offence was sexual but he did not use the words.

“*Uh, it was by... I had to go to court, I was on probation. At the time I had to go to court and I had to come in. When I first came I was on probation.*”
“OK and what.... what did you understand.. why did you think that the court had said that you had to come to this group?”
“*I had to change my offences. Offending behaviour.*” (P4)
And
“At the time, what did you think it was for?”
“*Uh, to change my offences, what I did to young kids*” (P4)

Participant 3 talked freely of his offences but did not label them as sexual.

“Can you remember why you first came along? What was it that that meant you ended up coming to the group in the first place?”
“*Obviously your offence.*” (P3)

This variation in willingness to label offences as sexual was reflected through-out the interviews. The reluctance by some to “name” offences as sexual did not appear to be due to a lack of understanding. It was as though being involved in the Group and labelling the reason for their attendance, forced the participants to confront their

identity as sex offenders. Whilst some were able to do this others were less able and struggled to see and describe themselves as sex offenders.

3.1.2. Sub-theme: Preventing re-offending

Participants were asked a direct question about what they thought the Group was for and six of the seven participants talked of the purpose being to prevent future offending.:

“What were you told about it at that time? When you first came?”

“That it was a what do you call it? Sex offenders’ group. Ken you come here, come here for treatment.”

“They told you it was a sex offenders group and it was for treatment...and what, what were you told about why you were being asked to come to the group?”

“To help me stop re-offending.” (P1)

Participant 7 perhaps suggested that the Group was something that was being done to him and that it was the responsibility of the Group to stop him from offending:

“Why do you think you are coming along to this group?”

“To get treatment.”

“Me. OK. Can you tell me a bit more about what that’s for?”

“P. So I don’t offend against the wee girl again.”(P7)

By contrast, participant 6, whilst still clearly identifying the purpose as to prevent future offending, described a much more involved process in which he would be helped to change himself.

“But can you describe it to me? If somebody said to you what is this group for? Pretend I don’t know anything about it.”

“For help, to help people to move on with life”

“Uh huh”

“Help you not to re-offend”

“OK”

“Or do daft things like offending. By changing your life around.” (P6)

3.1.3. Sub-theme: Building a better life

Four participants were also able to articulate more complex purposes, which seemed to be more in line with a Good Lives concept. They talked about being helped to “move-on” and to be more independent.

The combined purpose of the Group, to help members both to stop re-offending and to develop a better life was articulated succinctly by participant 1:

“...you are saying that the staff want people to move on and that might mean moving back into the community What would, What would that be?”
“Rest of the clients that’s in the group get a better life and hope they can move out back into the community with support and dinae reoffend.” (P1)

Independence was emphasised by participant 3:

“What sort of new things do you think they want you to learn?”
“Want you to get more independent”
“OK? Well that’s a really interesting thing to hear about. What does that mean?”
“Means like get independence.”
“Uh huh”
“Means go down to town, go wherever.” (P3)

Moving on was emphasised by participant 6:

“Well moving on with your life, get your (inaudible) and when you are in the group, moving on to the good life instead of the bad life.”
“Ok, so helping you to have a good life instead of a bad life?”
“Yeah”
“What, what would the difference be? What would a good life be?”
“Good life is doing everything that you want to do but bad life is sometimes people tell you what can you do and what not to do.” (P6)

Participant 4 added further substance to this definition of a good life, which he saw the Group as helping him to achieve and maintain. He had started a voluntary job which he valued:

“So you were talking there about moving on. What do you mean by moving on? What does moving on mean?”
“Moving on would mean I could concentrate on the job I’m doing which... that’s (inaudible) I’m hoping next year. Moving..... managing your own risk and they could come up and see you every so often” (P4)

Participant 4 went on to articulate the concept of having “too much to lose” by offending. He associated the work he was doing in the Group with helping him to maintain the things in his life that he valued:

“Yeah, I mean I’ve got my flat and the job I do now I’ve got that really and eventually, the job I am doing could be a paid job in the future hopefully but it’s voluntary at the moment.”

“Uh huh?”

“I don’t want to lose that. ‘Cus I’m enjoying that a the moment.” (P4)

3.1.4. Sub-theme: Being saved from prison

Perhaps in contrast to the more existential concepts of building a better life, this sub-theme related to a very specific purpose; that of saving group members from being sent to prison. Three participants were clear that they saw the Group as an alternative to prison. Participant 1 articulated this in a very straightforward way:

“Well I can tell you better to come to the group, like this, than go to jail. If it wasn’t for this group being here I probably might have been put in in jail.”

(P1)

For this participant there was a sense of being grateful to the Group for saving him from a worse fate. Participants were asked if they felt that the Group constituted punishment. Participant 1, in common with a number of others, defined the Group in contrast to prison, which they **did** see as punishment. Participant 6, particularly, gave a sense that nothing that could happen to him in the Group could equate to the awfulness of the loss of freedom associated with prison:

“Do you think coming to the group is punishment? Does it feel like punishment?”

“Still go.. still got your freedom.”

“Uh huh. So does that mean it doesn’t feel like punishment? I’m interested to know what you think.”

“No. You’ve still got your freedom.”

“Again, I’m just....”

“Punishment when people go in prison. Punishment isn’t going to the group..” (P6)

For participant 7 it was less clear if he was referring to prison or probationary sentences but he still described his attendance at the Group as saving him from a worse fate:

“OK, OK. And you were saying that you thought it was about helping you not to do that again?”

Nods

“OK. OK.”

“Cus if I do it again I’ll be right back to court and I’ll get another 3 years on top of the 2 I’ve got already.” (P7)

3.2. Master-theme 3 – Conceptualising how it works

In this master-theme, it is possible to see how the participants understood the mechanisms by which the Group worked as a treatment. The majority saw the Group as working through the provision of advice, often relating to specific personal dilemmas. Being required to disclose offences was described in terms of being necessary. However, it was not clear that participants understood how this might help them, other than through gaining approval of the group leaders. Indeed some participants seemed to conceptualise success in the Group as being seen by the group leaders to stick to a set of rules, of which disclosing was one. There was a theme across nearly all participants of struggling to understand the concepts introduced in treatment. None-the-less, there was a strong sense that engaging in the Group was important and that members had a responsibility to act on the advice they were given. Connected to this was a feeling that lying undermined the purpose of the Group and demonstrated a lack of engagement.

3.3.1. Sub-theme: Providing advice on specific dilemmas

Participants were asked how they saw the Group as helpful and how it helped prevent re-offending. Four talked of receiving useful advice:

“Just getting the advice from the whole group. So I can see that.” (P7)

“Well, the group gie you advice. Listen to what the other members of the group said and the staff, you just take their ? and say, that’s a good idea, you are just thinking, listen to what other people say. Helps you a lot.” (P1)

The impression was of a forum, to which the participants brought along their dilemmas, offered them up to the Group and received advice on how to deal with them.

“I’ve asked for advice loads of times.”

“Can you think of a time?”

“Well the time I was in Edinburgh”

“Tell me about that”

“Coming back on the train and there was a lassie sitting next to us. Or across from us, one of the two. And I asked for their advice then.” (P3)

Participant 3 described a very concrete and specific situation. It was striking that participants did not describe learning generalizable skills that they could apply across a wide range of situations.

3.3.2. Sub-theme: The value of disclosing

Five of the participants talked about disclosing their offences in the Group and of others disclosing. Participants described this process in a variety of ways. For some it was uncomfortable, others saw it as distressing but necessary without a clear sense of why it might be helpful. Here, participant 1 simply described that disclosing was part of the process of the Group:

“Sexual things, what’s happened what all things that they’ve done. When I was first here I used to to go over, er, er,. My last offence was (pause)” (P1)

In other accounts, disclosure was seen as important and something that had to be done in order to meet the rules of the Group. For participant 2, disclosure was distressing but compulsory. He saw it as a punishment for having offended:

“So you thought it was going to be being asked....”

“I know, I know what I started. You got to talk about it. And you can’t turn that down.” (P2)

Later he elaborated on this feeling of having to disclose whether he liked it or not. He associated it with help from the Group but he was unable to explain how disclosure was helpful. He conceptualised it as being part of the rules and a condition of probation:

“And how did that feel? Being asked to tell the group about that?”

“(inaudible) you gotta do it. You either like it or lump it.”

“OK?”

“You got to do it. If you’re not doing it, say, say I come up, some boy come up and asked me about that and things like that, and I turned back and said sorry, I can’t No, that means you break your probation and your breaking your You’re breaking your probation and you’re breaking your rules. So you better tell the group what you done and that you get it over with.”

“And can I ask you um, do you think, did you understand why they were asking you to tell the group what you’d done? Why do you think they were asking you to tell the group?”

“Yeah, yeah, um they’re helping me, the group is helping me, not get me, not get me into trouble again. Things like that. That way, that group is very important.” (P2)

Participant 4 described the process of being compelled to disclose as uncomfortable. He associated it with feeling that the Group was hostile and attacking, as described in earlier sub-themes:

“No, but any offences, you had to go over your offences and I wasn’t really comfortable at the time comfortable with that.” (P4)

3.2.3. Sub-theme: Responsibility for engaging

This sub-theme was closely linked to the previous one on disclosure. Five out of the seven participants emphasised the importance of group members engaging in the process in order to benefit. Engaging could mean contributing to discussions, taking advice or disclosing offences. Several participants articulated that the Group could offer help but that it was up to individuals to make use of that help. This was nicely illustrated by the following extract from participant 3:

“Ah sometimes it works with some people who wants to stop and another time it doesn’t.”

“So it sounds there as if what you’re saying is that sometimes the group works and sometimes it doesn’t?”

“Well it does work. It’s just if people takes the advice. Makes the best of things.” (P3)

Later he emphasises the personal responsibility for acting on advice received in the Group:

“That’s their.. that’s their responsibility for .. they’ve let it happen to them so .. they’ve not taken any of our advice.”

“So they’ve had a chance, they’ve been given advice..”

“They had a chance and they blew it” (P3)

Participant 1, a long-standing member who felt he had been through a process of learning from the Group, articulated that people had to put some effort into the Group in order to gain benefits. They could not benefit by passive attendance:

“Yeah, I do. If you take out what you put in ken. People say you put in and you can get back what, ken advice ken, it’s helpful.”

“So people have to put something in to it if it’s going to be helpful to them?”

“Yeah, listen to other people ken”

“Listen”

“Cus people in the rest of the group they should take heed (?) So it can help them sort a few things.” (P1)

This extract from participant 2 revealed how frustrated he became when a group member did not engage (i.e. did not listen and take advice):

“And, I know one lad he come, um, he come to the first group and we tried to help him and we tried to help him and things like that and he not, he not listen to the group and I tried to, I tried to help him to be more, to put more mind on I said to him you know that is bad. I’m here to help you. You, why you not tell me the things you done and I could tell you, go on the good things and scrap the and things, like that.”

“Uh huh”

“He not listen.”

“How did you feel about him not listening?”

“He not, he had no time for the group.” (P2)

3.2.4. Sub-theme: Lying undermines the group

In common with the previous theme, this one described a sense that the Group could only do its work if people honoured a form of contract with it. The terms of the contract were that the Group would provide help but only if members abided by the rules. One of the rules was engaging and another was not lying. Four participants expressed real frustration when others lied in the Group. They saw it as undermining the purpose. Participant 1 articulated this sense that if people told lies, it frustrated the work of the Group:

“Yeah, but coming in to treatment and telling lies.. I don’t like that because that’s not what the group’s about. The groups there, you are meant to come in to the group to, what if you’ve got problems, be open in the group and let people, let the staff that are in the group help that person, give them advice.” (P1)

Later he made clear he found it personally upsetting when people lied, partly because of the potential consequences:

“Yeah, I would say being honest and being, talking about everything and being honest. And no telling lies. “

“That’s something that you said before”

“I don’t like people doing that , they get on my nip I hate people... people have been put in jail.”

“Uh hu, so it’s had consequences”

“They’re telling lies (laughs), it’s not worth it.” (P1)

Another extract conveyed this sense that if a group member lied, they could not be helped:

“He tells lies and things like that. Now, if two people tell lies, if one ... (inaudible) he’s in breach, he’s not coming back. He told lies. Now, we try, now with two people. I don’t know if you there that time? I like you was. We told him, we told him (inaudible) and we tried to tell them two people you know what/ tell the truth, tell the truth now” (P2)

Participant 3 succinctly described his understanding that lying betrayed a lack of commitment to receiving help:

“Well if they start lying there’s no point helping them. They’re just not going to take it. They will just constantly annoy you and lie.” (P3)

3.2.5. Sub-theme: Struggling with concepts

The previous four sub-themes demonstrated some understanding of the mechanisms of treatment within the Group. Notwithstanding this, there was also a recurrent sub-theme of participants struggling with some of the concepts introduced in the Group. This theme occurred in six of the seven interviews. Participants’ struggles related to some specific techniques but also to broader concepts. In an earlier theme, the understanding of a Good Life concept was explored. **This** sub-theme suggested that, for some participants, their understanding of this concept was limited. In this extract, participant 2 was puzzled by the idea that attending the Group might help him in developing new aspects of his life as well as preventing offending:

“We talked about they want you to stop doing things. Do you think the group wants you to do new things?”
“Ah, well, I don’t know about that. I never think about that. I don’t know, I don’t know myself. That is.. maybe... I know they want me to stop doing the bad things. But I don’t know.... What the ... they give me advice don’t offend again. It could be that. I can’t say nothing about that.” (P2)

Participant 1 was taken aback by the idea that involvement in the Group might be helpful to him in achieving his ambition of getting a job. He talked about another source of help (practical help in applying for jobs) but did not appear to make any connection between attending the Group and expanding his life-skills:

“And do you think that the group helps you to move towards that?”

“A job? Never thought about the group helping with that. That’s why I’ve been going to x (names a local project). To try and get help to fill in forms and that.” (P1)

Participant 7 recounted the use of a story to help convey a generalizable point to the Group. He was taking it literally and could not understand how it might have been useful. He was left with puzzled feeling as to why the group leader told them the story:

“And what sort of things do you do in the group? What sort of things do you talk about?”

“Stories and that. They make stories up. To let us get things in our heads.” (P7)

“And asked them to lock him up. For an hour or so. So the girls can go home”.

“Me. Ok so he asked if he could.. if they could lock him up while the girls were going home.”

“ Uh huh”

“ What did you think about that? Did you think that was a good idea?”

“I thought it was a piece of nonsense. He just should have walked on. And not really be looking at anything. Because if he was looking straight ahead and the school was on this side, (inaudible) so he should just walked on (inaudible)” (P7)

In the following extract, participant 3 talked about a particular therapeutic tool – the traffic lights. It was used to help people manage their reactions to strong emotions. This participant knew the language of the traffic lights and could describe the card given out as an aide memoire. However, he revealed a lack of understanding about how the technique worked:

“Can you describe it to me? What is it?”
“*It’s just a card. Walk away, stop think and walk away.*”
“Is that something that’s useful to you?”
“*Yeah. But I dinnae use it. Laughs*”
“That’s fair enough.”
“*I haven’t used it for a while. But I’ve still got it.*”
“Have you ever used it?”
“*Don’t think so*” (P3)

3.3. Master-theme 4 – What else is gained?

All of the participants in this study expressed the view that the Group was helpful to them in some way. As discussed under previous themes, most identified that the Group’s purpose was to help them to stop re-offending. Some conveyed that the Group would help them to build a “better life”. However, **this** theme explored a number of other, less obvious, gains that participants identified. Some of these gains could be described as unambiguously positive. For example, a sense of mastery and the opportunity to become a mentor. Some participants identified a more sinister gain; the Group as a place to inflict control or even discomfort upon others. A forth sub-theme had a more ambiguous value. A number of participants described the Group as a place they felt safe and comfortable and a place they could turn to in times of crisis. It is possible that these participants had become dependent on the Group. Perhaps by providing such assets, the Group was preventing members from exploring other sources of social contact.

3.4.1. Sub-theme: A sense of mastery

Three of the participants, who had been long standing attendees of the Group had gained understanding and skills from it. Participant 1 conveyed a sense of easy confidence:

“Cus I’ve been to the treatment so I can see now, along the line coming along, worrying about re-offending, coming back to the group see? I give a sense that that’s just what I’ve got from the group. They’ve got to realise they need to take advice.” (P1)

Participant 2 described a sense of pride in having learned about coping with difficult situations. The Group had given him this opportunity to be proud of himself:

“And I I went down that path and after that path I tuned right up and I sit down, there’s a seat down there. And I said to myself, x you done sommat and I’m proud of myself. I done the right thing. I was going to tell you yesterday but I had too many things on my mind. And after that I’ve been saying this to myself. Why I not done that the first time?” (P2)

Participant 4 added another thread to this theme of mastery. He described his confidence in taking an active part in Group discussions. He was eager to describe how he offered up answers and was prepared to put himself forward. He defined his active role by contrast to others who “just sit”:

*“And did people.. what did people come up with? What sort of things?”
“I come up with the boy would be just on his own and that man was coming up to re-offend. He was originally a sex offender, right?” (P4)
“What about you?”
“Aye, and I would go up and draw it on the board as well. We had to get everybody up and put bits on the board. And most people did that. Some people just sit. They did the talking but I was happy to go up with the pen.” (P4)*

3.4.2. Sub-theme: Being a mentor

In addition to developing skills, three participants clearly articulated how much they valued being able to advise others. For two of them, being able to pass on what they had learned, in the role of mentor to other group members, was part of the purpose of their attendance:

*“And to help other people as well, ken, from time to time that’s what I’m looking for”
(P1)*

Later this participant talked of not feeling angry at the Group now (whilst he did feel angry in the past). He liked attending and the reason he gave for this was that it provided opportunities to help others:

“No, no, nothing to feel angry at. I like coming - try and get some help, help other people and benefit them.”

“So that’s an important point too that it’s about helping other people as well as getting help. Am I right? Is that what you meant?”

“And giving, giving other people advice.” (P1)

Similarly, participant 6, another long standing group member, talked in positive tones of advising others. He saw himself as being able to give good advice:

“And what do you think about being able to advise other people? Is it something that .. is it a good thing? Do you like advising people?”

“Yeah. Helps people, give them good advice for to move on, cus re-offending takes them back to square one.” (P6)

There was a different feel to this extract from participant 5. He talked of helping the staff, not other group members. He saw himself in an expert role and as having some control. In a rather unrealistic way, he saw himself as more of an expert than the staff members:

“Well um.... Well, I’d like to um ... well since I’ve been going to the Thursday group for a while I’d like to (inaudible) the Thursday group more. Give someone else the chance to open out.”

“OK, give someone else a chance.”

“Yeah”

“Does that mean you... I’m not sure I understood you”

“Cus I could (inaudible)”

“Say that again?”

“If x or x were stuck with anything I could give them a hand.”

“So you can help?”

“I can help them if they get stuck.” (P5)

3.3.3. Sub-theme: A safe place to return to

For five of the participants, the Group provided a safe place. This was something that they perhaps were unable to find elsewhere. They trusted the Group to help them

in times of crisis and felt they could open up to the Group in a way they could not in any other situation. Participant 1 talked of coming back to the Group at difficult times in his life:

“All the time I’ve been coming to the group, I might say I’m going to stop today. If I’ve had any problems ken, my problems is like when it comes to a relationship, ken and break up. Been married twice and also got a friend/come partner you know, so that’s what, if me and him going to break up so I was on the phone to X and said I’ve got a problem and decided to come back to the group. So the group’s here for that, to help us.” (P1)

“.....but I got in a spot and so I got on the phone and come back or re-offend so that’s one of the times when in the group it’s helped me a lot, stopped me re-offending.”

“And at particular times in your life when things haven’t been going so well the group has helped you.”

“Yeah coming back to the group” (P1)

In this extract, participant 7 described feeling comfortable with the Group because he knew another member from his school days. In common with many of those that attend the Group, he led a relatively isolated life, doubly so by virtue of being both a sex offender and having learning disabilities. The Group provided him with a social forum:

“It’s more help because I know someone in the group. Cus in the Monday group there was someone I knew from school.”

“So you find it helpful to know the people there?”

“Well, x (names group member) was in the Thursday afternoon group and I know him right from nursery straight through high school and then I didn’t see him after that.”

“OK”

(Inaudible)....” And I said Hi x.” (P7)

The social value of the Group was strikingly conveyed by participant 6 who described the Group as family. The implication was that he trusted these people, whom he had known for years, in a way that he did not trust others:

“See when you open up in the group you feel like you got family in the group. Like people what you ken in the group from years, like, like your family. And open up... see what I mean?” (P6)

3.3.4. Sub-theme: A chance to bully and control

For three participants there was a sense that the Group offered them a chance to hold power over others. They rather enjoyed the opportunity to exert control, police others’ behaviour or even bully other members. Here, participant 2 conveyed this in a rather subtle way, describing how he would relish making clear to others that they could not hide the truth:

“No, no, but you, you know when someone telling a lie. You know that person telling a lie. You can’t, you can’t you can’t hide it.”

“OK”

“You can’t hide it. If that person telling a lie, you know. You can say eh eh, come on. Oh God” (laughs). (P2)

Participant 4 also seemed to gain some pleasure from putting pressure on other group members, seeing it as an important role of group members to do so:

“What is it about people lying that you don’t like?”

“Uh, just when they try to get out of trouble. And that if they mention offences that they’ll try and wiggle out of it. And we try and say we can read you like a book that you’re lying. And that eventually, for example, we found out that a person from after break was telling lies.” (P4)

However, it is participant 3 who most clearly conveyed his enjoyment of discomfoting others. This participant is open about how he enjoys “annoying” others. He remembered the Group “annoying” him in the past and he wanted to see others experience the same discomfort. Perhaps the Group provided him with an opportunity to exert control; something he was denied elsewhere in his life:

“Yeah, so anything else you like about it? Be honest. If there’s nothing that’s fine.”

“You just get to annoy people. Laughs”

“You get to annoy people? How? What...”

“By sitting and challenging them. Laughs.”

“Do you like doing that?”

“Oh aye I have fun when I’m doing that. That’s the best bit of the thing is challenging somebody who does’nae like being challenged.”

“What do you like about that?”

“Because you’ve had it done in the past so you know what it’s like so, you get to challenge them.”

“Uh huh”

“It’s funny actually” (P3)

4. Researcher’s reflections

In IPA research, the reflections and stance of the researcher are integral to the analysis of the material. It is therefore important to make these transparent throughout the research. This section is written in the first person to illustrate that these were the thoughts and reflections of an individual.

During my own involvement, helping to facilitate the sex offender treatment group prior to conducting this study, I was interested in the fact that many group members had been attending over a very long time. I wondered about the purpose of such long attendance and whether it was actually beneficial. I was also curious as to whether group members had a clear understanding of the link between their offences and their involvement in the group and whether they understood that there was a legal process underpinning their involvement. The treatment programme was based on the Good Lives Model which combines risk management principles with the aim of helping group members to develop pro-social lives. These are quite complex concepts and I was interested to know whether and how the group members would articulate any understanding of these concepts. Similarly, I was interested to know how the group members understood the working mechanism of the group and how they thought it would benefit them.

I kept a reflective diary during the collection and analysis of the interview material and the following extracts are taken from that diary.

Prior to beginning the interviews, I was anxious about the process. As this was my first experience of conducting IPA research I felt unsure about honouring both the input of the participants and the IPA model

“I am due to begin my interviews next week. I feel nervous about the first one because I do not know how much depth of material I will be able to obtain from the participants. How much will they be able to reflect on their experiences of the sex offender treatment group? I am slightly concerned that they will just think it is about telling me what they think is good and bad about the Group” (extract 1, 18/10/12).

After my first interview I was worried that I might be using too many prompts with the participant and therefore be leading him. After discussion with my supervisor, I was reassured that that in interviewing people with learning disabilities, I should not expect long, detailed reflections and that I might need to use more prompts. Another concern was about getting through my interview schedule and I was not yet prepared to be flexible or to be led by the participant. I was also worried about the practical arrangements for the interview such as the room, recorder and transcribing:

“First interview today. I was worried about the practical issues – mainly would the recorder pick up the participant’s voice? I should have worried about how I would ask the questions! The interview lasted about 40 minutes which felt about right. I wonder if my prompts are to leading? I will discuss with my supervisor.....” (extract 2, 08/11/12).

By my second interview I was feeling a little more confident that I could use my interview schedule flexibly and be led by the participant. I was still concerned over leading the participant:

“Second interview yesterday. I did the interview differently – went more with what the participant said and less with order of my schedule. One concern is that I am putting words into the participants mouth e.g. “sounds like you think x....” I must watch that.” (Extract 3, 23/11/12).

Towards the latter interviews I felt much more comfortable that I had struck a balance regarding the prompting of participants. I felt that although participants were not providing a huge volume of reflection, many of their short comments were very meaningful:

“Today I did my fifth interview. I am getting more comfortable with the style of interviewing. The participant used very short sentences – no elaboration. But what he did say was often very interesting and there were one or two really striking reflections. It is interesting that there are already threads of consistency through the interview I have done so far.” (Extract 6, 6/12/12).

As I moved into analysis, another set of concerns arose. I was worried about the development of themes. Again, my inexperience as an IPA researcher meant that I was pre-occupied with justifying the themes that I drew from the material. There seemed too many possibilities and a need to reduce themes to a manageable number:

“After 2 days of going through my transcripts and trying to identify themes I feel like I am going round in circles. I want to be true to what the participants have tried to convey to me but there seem so many possibilities.....” (Extract 7, 01/03/13).

Slowly I found that threads seemed to coalesce into a manageable set of themes. I became more comfortable that whilst there might be other themes amongst the material, my themes were coherent and grounded in the material:

“I’ve gone back to my themes today after getting tied in knots. I feel reassured that what I have identified does justice to the material. Some-one else might look at the material and draw out different themes but that does not mean that mine are not valid....” (Extract 8, 17/03/13).

Overall I felt that this study had been a voyage of discovery for me. It was my first experience of conducting research using an IPA methodology and I had learned

about the methodology as I went along. In addition, I felt that I had genuinely gained insight into what it meant for these 7 men to attend this particular sex offender treatment programme and how they made sense of it.

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Appendices

Appendix A Criteria for methodological review.

Title and Author of paper:

Overall score out of 30

Screening Questions

1. Was there a clear statement of the aims of the research?

Consider:

- ☐ What the goal of the research was.
- ☐ Why is it important
- ☐ Its relevance

2. Is a qualitative methodology appropriate?

Consider:

- ☐ If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants

Detailed questions

3. Was the research design appropriate to address the aims of the research?

Consider:

- ☐ If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?

4. Was the recruitment strategy appropriate to the aims of the research?

Consider:

- ☐ If the researcher has explained how the participants were selected
- ☐ If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study.
- ☐ If there are any discussions around recruitment (e.g. why some people chose not to take part)

5. Were the data collected in a way that addressed the research issue?

Consider:

- ☐ If the setting for data collection was justified
- ☐ If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- ☐ If the researcher has justified the methods chosen

- ☐ If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?
- ☐ If methods were modified during the study. If so, has the researcher explained how and why?
- ☐ If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- ☐ If the researcher has discussed saturation of data

6. Has the relationship between researcher and participants been adequately considered?

Consider:

- ☐ If the researcher critically examined their own role, potential bias and influence during:

- o Formulation of the research questions

- o Data collection, including sample recruitment and choice of location

- ☐ How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

7. Have ethical issues been taken into consideration?

Consider:

- ☐ If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained.

- ☐ If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)

- ☐ If approval has been sought from the ethics committee.

8. Was the data analysis sufficiently rigorous?

Consider:

- ☐ If there is an in-depth description of the analysis process

- ☐ If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?

- ☐ Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process

- ☐ If sufficient data are presented to support the findings

- ☐ To what extent contradictory data are taken into account

- ☐ Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

9. Is there a clear statement of findings?

Consider:

- ☐ If the findings are explicit
- ☐ If there is adequate discussion of the evidence both for and against the researcher's arguments
- ☐ If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- ☐ If the findings are discussed in relation to the original research question

10. How valuable is the research?

Consider:

- ☐ If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?
- ☐ If they identify new areas where research is necessary.
- ☐ If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix B Characteristics of Reviewed Studies

Author Year Country	Sample Size (N)	Research aim	Model of treatment	Qualitative Model and data collection method	Strengths	Weaknesses
Collins, Brown and Lennings, 2010 Australia	8	Preliminary study to obtain views of sexual offenders on their treatment and the views of experts.	Group CBT based	Grounded Theory. Anonymous questionnaire. Mix of forced-choice and open-ended questions.	Justification for qualitative methodology. Details of recruitment. Theoretical description of analysis process.	No reference to ethical issues or potential bias of the researcher. Only presents a selection of themes and no model included (despite mention of such). Difficult to understand how themes derived. Focus on intrinsic motivation and transtheoretical change model lacks justification.
Colton, Roberts and Vanstone, 2009 UK	35	To obtain an informed view of the experience of sex offender treatment.	Group CBT based	Qualitative model not described. Interview.	Strong justification for qualitative methodology.	Poor explanation of research design, data collection and analysis. No consideration of ethical issues or potential bias of researcher.
Day, 1999 Australia	40	To obtain views of sexual offenders on their treatment.	Group CBT based	Grounded Theory. Questionnaire based.	Justification for qualitative methodology and appropriateness of model. Justification for data collection techniques.	No reference to ethical issues or potential bias of researcher. Poor detail of recruitment, data analysis and no model or comprehensive picture of how themes derived. Difficult to link analysis to findings.

Author Year Country	Sample Size (N)	Research aim	Model of treatment	Qualitative Model and data collection method	Strengths	Weaknesses
Drapeau, Annett- Korner, Brunet and Granger, 2004 Canada	24	To explore why sex offenders enter and remain in treatment and how treatment is considered helpful.	Group CBT based	Described as “text based”. Semi-structured interviews.	Justification for qualitative methodology and research design. Links of findings to literature.	Poor explanation of data analysis. No consideration of ethical issues or researcher’s potential bias. Poor follow through of findings into clinical implications.
Garrett, Oliver, Wilcox and Middleton, 2003 UK	42	To explore experience of out-patient sex offender treatment programme.	Group CBT based	No model described. Questionnaire.	Justification for qualitative research and description of value of the research findings.	No consideration of ethical issues or potential bias of researcher. Poor description of research design and data analysis.
Grady & Brodersen, 2008 USA	18	To examine treatment effectiveness through the perspective of participants	Group CBT based	Grounded Theory Semi-structured questionnaire survey	Justification for qualitative methodology and research design. Strong focus on recruitment methods and data collection. Good detail of data analysis and clear links to findings, links to literature and to clinical implications.	Limited discussion about researcher’s potential bias.

Author Year Country	Sample Size (N)	Research aim	Model of treatment	Qualitative Model and data collection method	Strengths	Weaknesses
Hays, Murphy, Langdon, Rose and Reed, 2007 UK.	16	To obtain views of men with LD on their experience of sex offender treatment.	Group CBT for sexual offenders with learning disability.	Qualitative model not described. Semi-structured interview	Justification for qualitative approach. Detail of data collection. Ethical issues well addressed. Clear findings, linked to literature and to future research.	Little interpretation of responses or use of qualitative analysis model. Position and bias of researcher not explicitly discussed.
MacDonald, Sinason and Hollins, 2003 UK	9	To elicit client views on experiences of group analytic therapy and to identify positive and negative aspects.	Group Psychoanalytic therapy for individuals with LD who have sexually offended (plus psychoanalytic therapy group for women).	Interpretative Phenomenological Analysis Interview	Justification for qualitative methodology and specific use of IPA. Details of data collection and analysis. Ethical issues and potential bias of researcher addressed.	Justification for combining responses from two very different groups unclear. Little on clinical implications or links to literature.
Wakeling, Webster and Mann, 2005 UK	46	To examine experiences of participants in a prison-based SOTP	Group CBT based	Grounded Theory Semi-structured interviews , treatment summary reports and psychometric assessment battery	Justification for qualitative methodology. Use of triangulation with quantitative methods. Clear findings linked to data. Links to literature and clinical implications well addressed.	No consideration of ethical issues. Little consideration of position of researcher.

Author Year Country	Sample Size (N)	Research aim	Model of treatment	Qualitative Model and data collection method	Strengths	Weaknesses
Williams, 2004 USA	9	To gain perspectives on treatment from those who have participated in multiple programmes, to identify what has impacted on them and what has been helpful.	Multiple group programmes all CBT based.	Categorical-content analysis procedure Questionnaire	Justification for qualitative model and for specific methodology. Strong recruitment strategy. Good detail of data collection and analysis. Clear findings. Details of ethical considerations and potential bias of researcher.	Limited discussion of clinical implications.

Appendix C. Quality appraisal of reviewed papers

Paper	Quality Criteria										Total Score	%	Overall Rating
	1 Aim	2 Qualitative justified?	3 Research design	4 Recruitment	5 Data collection	6 Researcher relationship	7 Ethics	8 Data analysis	9 Findings	10 Value			
Collins et al. 2010	3	3	2	3	2	0	0	2	2	2	19	63%	+
Colton et al. 2009	2	3	0	2	0	0	0	1	2	3	13	43%	-
Day 1999	3	3	2	2	3	0	0	1	2	2	18	60%	+
Drapeau et al. 2004	3	3	3	2	2	0	0	1	3	2	19	63%	+
Garrett et al. 2003	3	3	1	2	2	1	1	1	2	3	19	63%	+
Grady & Brodersen 2008	3	3	2	3	2	1	3	3	3	3	26	87%	++
Hays et al. 2007	3	3	2	2	3	1	3	2	3	3	25	83%	++
MacDonald et al. 2003	3	3	3	2	3	2	2	3	2	1	24	80%	++
Wakeling et al. 2005	3	3	2	2	2	1	0	2	3	3	21	70%	+
Williams 2004	3	3	3	3	3	3	2	3	3	2	28	93%	++

Appendix D Minority themes

	Motivation to enter treatment	Seeing selves as sex offenders	The role of prior abuse	Reasons for dropping out	Changes in view over time	Recommending improvements	Knowing when ready to leave
Collins et al. 2010	Motivation can be intrinsic or extrinsic.	Offenders tend to rate themselves as not as “bad” as other offenders.	Participants felt they needed to understand their own experiences of abuse to make progress.	Reasons for dropping out of treatment are individual.			
Colton et al. 2009	Motivation for entering treatment is linked to point at which help is offered.	Offenders tend to develop a hierarchy of offenders and place themselves within it.				Post treatment support is necessary.	
Day 1999					Participants described feeling more positive about treatment the longer they were in treatment.		Participants varied in their descriptions of when they would be ready to leave treatment e.g. when told could leave or when programme became repetitive.
Drapeau et al. 2004	Offenders feel pressure to attend even if it is technically voluntary.		Treatment helped with understanding own abuse experiences.				

	Motivation to enter treatment	Seeing selves as sex offenders	The role of prior abuse	Reasons for dropping out	Changes in view over time	Recommending improvements	Knowing when ready to leave
Garrett et al. 2003				Reasons for dropping out of treatment are idiosyncratic.			
Grady and Brodersen 2008						Treatment should be opened up to more people.	
Hays et al. 2007							
MacDonald et al. 2003							
Wakeling et al. 2005							
Williams 2004							

Appendix E – Interview guide

Range of topics	Questions	Prompts
1. The process of coming to be involved in the sex offender treatment programme (SOTP)	Tell me how you first got involved in the sex offender therapy group.	<ul style="list-style-type: none"> • Tell me about when you first heard about the therapy group? • What were you told about it? • What were you told about why you should attend? • How did you feel about that? • Tell me why you think you are attending the treatment programme • Tell me more about that.
2. Making sense of what the treatment programme is about	Tell me what you understand the sex offender therapy group is about?	<ul style="list-style-type: none"> • Tell me why you think people come to the therapy group? • Tell me what you understand this therapy group is for? • Tell me the sort of things that you do and talk about in the therapy group (remember, you don't have to tell me about things that other people have said). • Do you think coming to the therapy group is about stopping you from doing things? • Tell me more about that • Do you think coming to the therapy group is about helping you to do new things? • Tell me more about that • Do you think the staff who run the therapy group want you to learn new things from coming along? • What sort of things? • Do you think the staff members want you to change the way you are/behave as a result of coming to the therapy group? • In what way? • What do you think about that? • What is different about this group compared to the others that you attend?

3. The experience of actually being in a treatment group	Tell me what it is like for you being in the sex offender therapy group	<ul style="list-style-type: none"> • How do you feel about coming along to the therapy group? • Do you feel happy/sad/worried/angry/confused about coming along to the therapy group? • Has this changed since you started coming along? • In what way? • When you are in the therapy group, do you understand what is being discussed and why? • Do you do any talking in the therapy group? • Tell me more about that • Do you answer questions/ask questions/give advice to other group members/tell the group about things that have happened to you/ask for advice? • Tell me what it is like being in a group with other sex offenders • What is it like for you being in a group with staff members present? • How did it feel coming along to the therapy group for the first time? • Has that changed now that you have been coming to the group for a while?
4. The values attached to attending the treatment group	What are the good and bad things for you about coming to a sex offender therapy group?	<ul style="list-style-type: none"> • What do you like about coming to the sex offender therapy group? • What don't you like? • Do you think people treat you differently because you are involved in the sex offender therapy group? • Tell me more about that • Do you think the therapy group is a punishment or a helpful thing? • Tell me more about that

Appendix F



Participant information sheet

“What does it mean to men with a learning disability to be involved in a sex offender treatment programme?”

My name is Wendy Bullard and I am doing a Doctorate in Clinical Psychology at Edinburgh University. I am doing a study as part of my course. I would like to invite you to take part in my study. Before you decide if you would like to take part, I need to be sure that you understand why I am doing it. I need to be sure that you understand what would be involved if you decide to take part. In this Participant Information Sheet I am providing you with some information. Please read it carefully. Be sure to ask any questions you might have. If you want to, discuss it with other people. These might include your friends, family and staff that support you. I will try to provide you with any more information you ask for now or later.

1. Why I am doing the study:

- I am trying to find out what it is like for you to be involved in the Inappropriate Sexual Behaviour Group (sex offender therapy group).
- I want to know how you came to be involved in the group
- I want to know what you think the group is about
- I want to know what it is like for you being in the group
- I want to know what you think is good and what you think is bad about the group

2. Who I am looking for to take part in the study:

- The study will include men who attend the inappropriate sexual behaviour group (sex offender therapy group)
- The study will include men who have a mild learning disability.
- The study will involve men who have committed at least one incident of inappropriate sexual behaviour
- Only men will be involved in the study
- Only men who are over 16 years old and under 70 years old will be involved in the study

3. Why you have been invited to take part in the study:

I am asking you to take part because you go to the sex offender therapy group at the (blank). You do not have to take part in the study. You can say “yes” or you can say “no”. Even if you say “yes” to begin with, you can change your mind later and tell me that you want to stop being involved in the study. No one will be

upset. If you say “no”, it will not change your relationship with the staff looking after you and it will not affect any care you might need in the future.

4. What happens if you say “yes” to taking part in the study?

If you decide to say “yes” that means you are agreeing to take part in the study. You will be asked to sign a consent form. This form says that you understand what the study is about and that you want to take part in it.

Once you give your consent (sign the form) I will arrange to come and interview you at the (blank). The interview will last about an hour. I will ask you questions about being involved in the sex offender therapy group. I will ask you about:

- When you first became in the group
- What you think the group is about
- How you feel about being involved in the group
- What you think is good and what you think is bad about the group

I will record the interview on a digital recording machine. I will then type the interview out. This is called a transcript. The recording will then be destroyed. What I type out will be anonymous (your name will not be included in it).

I may want to look at your medical and psychology files too. I will ask you if it OK to look at these files.

When I interview you, if you tell me about:

- any abuse that has happened to you that you have not told anyone about before or
- any offence you have committed in the past that you have not told anyone about before
- any plans you might have to harm yourself in any way or
- any plans you might have to commit an offence in the future,

I would have to tell other people involved in your care. This might include telling Criminal Justice Services.

All the transcripts in this study will be anonymised.

5. What happens to the interview transcripts and recordings that you have provided?

All the information you give me in the interviews will be kept strictly confidential. Your name and address will not be held on the copies of the transcripts so that you cannot be recognised from them. Everyone who I interview will be given a number. Your number will be kept on a list against your

name. The list will be kept on a laptop computer. The laptop will be protected with a password. Only I (Wendy Bullard) will be able to see the list of names and numbers. When I am looking at the transcripts, your number will be on them but not your name.

If you say “yes” to taking part in the study but then change your mind after I have interviewed you, you can stop taking part. You can tell me or any member of your staff at (blank). I will destroy your interview recording and the transcript. I will not use them in my study.

If you become ill during my study and your RMO says you are not able to decide if you want to take part, I will destroy your recording and the transcript. I will not use them in my study

Storage of information

The recordings of your interview will be kept for up to 7 days, until I make the transcript and then destroyed. I will keep the transcripts (anonymised) in a locked filing cabinet. This will be in the psychology office at (blank). It will be kept for up to 10 years. All information will be destroyed in line with NHS policies.

Ethical approval

The (blank) Research Ethics Committee is responsible for checking all plans for medical research on people. It has looked at my plans for this study. It does not have any objections to it from the point of view of medical ethics. The transcripts from this study have to be made available for monitors from NHS (blank) and from Edinburgh University to look at. It is their role to check that research is done properly, that it is in the interests of the people who have taken part and that their interests are protected.

If you have a complaint about this study

If you have any problems about taking part in this study you should first talk to the Chief Investigator of the study (Wendy Bullard).

If you are worried about anything to do with this study or the way you have been treated, you should talk to Wendy Bullard. Or you can talk to her clinical supervisor (blank). They will try to answer any concerns you have. You can also talk to a clinician for independent advice. If you are still unhappy and want to make a formal complaint you can do so by getting in touch with:

Complaints and Claims Manager
(removed)

Contact information

If you have any questions during this study please get in touch with:
Wendy Bullard
Trainee Clinical Psychologist
(removed)

Appendix G



Participant Consent Form

Name of researcher: Wendy Bullard
number.....

Participant identification

“What does it mean to men with a mild learning disability to be involved in a sex offender treatment programme?”

1. I have read and understand the Participant Information Sheet, version....., dated for the above study ☐

2. I have had the opportunity to ask questions about the study ☐

3. I understand that taking part in this study is voluntary. ☐

4. I understand that I can change my mind even after I have signed this consent form and I do not have to give a reason. The recording of my interview and the transcript will be destroyed. They will not be used in the study. ☐

5. I understand that if I change my mind my care and legal rights will not be affected in any way. ☐

6. I agree to my Responsible Medical Officer being told that I am taking part. ☐

7. I agree to information from my medical/psychology file being used in this study
OR ☐

I do not want information from my medical/psychology file to be used in this study ☐

8. I understand that people from Edinburgh University and NHS (blank) may look at my medical notes and the information collected in this study if it is about me taking part in this study. I consent for this to happen.

☐

9. I understand that if I take part in this study I will be interviewed.

☐

10. I understand that this interview will be recorded.

☐

11. I understand that if I tell the interviewer about:

- any abuse that has happened to me that I have not told anyone about before or
- any plans I might have to harm myself in any way or
- any plans I might have to commit an offence in the future,

the interviewer would have to tell other people involved in my care. This might include telling Criminal Justice Services.

☐

12. I understand that if I become ill during the study and my RMO says I cannot decide whether to take part, that the recording of my interview and the transcript will be destroyed. They will not be used in the study.

☐

13. I agree to take part in the study.

☐

14. I agree that the researcher can use information from my interview transcript in publications.

☐

..... Name of patient Date Signature
..... Name of person taking consent (if different from researcher) Date Signature
..... Researcher Date Signature
..... Witness Date Signature

Appendix H Favourable opinion letter from research ethics committee

EoSRES



East of Scotland Research Ethics Service (EoSRES) REC 1
(formerly [redacted] Committee on Medical Research Ethics A/B)

Ms Wendy Bullard
Trainee Clinical Psychologist

Date:
Your Ref:
Our Ref:
Enquiries to:
Extension:
Direct Line:
Email:

21 August 2012

LR/12/ES/0063

Dear Ms Bullard

Study Title: What does it mean to men with a mild learning disability to be involved in a sex-offender treatment programme?
REC reference: 12/ES/0063
Protocol number: N/A

Thank you for your letter of 07 August 2012, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

- The Participant Information sheet should include a statement informing the participant if they inform the interview of any criminal offence they have done, which has not previously been disclosed, this information may be passed on to the criminal justice system.

Please send a revised Participant Information Sheet with new version number and full date as a footer.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites



Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

You should notify the REC in writing once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Confirmation should also be provided to host organisations together with relevant documentation.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Covering Letter		04 July 2012
Evidence of insurance or indemnity		06 July 2011
GP/Consultant Information Sheets	2	20 June 2012
Interview Schedules/Topic Guides	4	20 June 2012
Investigator CV		03 July 2012
Letter from Sponsor		05 July 2012
Other: Dr Ethel Quayle		09 May 2012
Other: References	2	03 July 2012
Participant Consent Form	6	01 August 2012
Participant Information Sheet: Carers	5	20 June 2012
Participant Information Sheet	6	01 August 2012
Protocol	4	01 August 2012
REC application	96198/340042/1/409	03 July 2012
Response to Request for Further Information		07 August 2012

Statement of compliance



The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

12/ES/0063

Please quote this number on all correspondence

Yours sincerely


Chair

Email: 

Enclosures: "After ethical review – guidance for researchers"

Copy to: Dr Ethel Quayle, University of Edinburgh
Dr Raymond French, University of Edinburgh




Appendix I Approval letter from NHS Board



10 September 2012

Ms Wendy Bullard
Trainee Clinical Psychologist



Dear Ms Bullard,

R & D MANAGEMENT APPROVAL – [REDACTED]

Title: What does it mean to men with a mild learning disability to be involved in a sex-offender treatment programme?

Chief Investigator: Ms Wendy Bullard **Principal Investigator:** Ms Wendy Bullard

[REDACTED] **Ref:** 2012LD01 **NRS Ref:** N/A

REC Ref: 12/ES/0063

Sponsor: University of Edinburgh

Funder: Unfunded

Many thanks for your application to carry out the above project here in NHS [REDACTED]. I am pleased to confirm that the project documentation (as outlined below) has been reviewed, registered and Management Approval has been granted for the study to proceed locally in [REDACTED].

Approval is granted on the following conditions:-

- ALL Research must be carried out in compliance with the Research Governance Framework for Health & Community Care, Health & Safety Regulations, data protection principles, statutory legislation and in accordance with Good Clinical Practice (GCP).
- All amendments to be notified to TASC R & D Office.
- All local researchers must hold either a Substantive Contract, Honorary Research Contract, Honorary Clinical Contract or Letter of Access with NHS [REDACTED] where required (http://www.nihr.ac.uk/systems/Pages/systems_research_passports.aspx).
- TASC R & D Office to be informed of change in Principal Investigator, Chief Investigator or any additional research personnel locally.
- Notification to TASC R & D Office of any change in funding.
- As custodian of the information collated during this research project you are responsible for ensuring the security of all personal information collected in line with NHS Scotland IT Security Policies, until destruction of this data.

Version 3 – 15/03/12

- All eligible studies will be added to the UKCRN Portfolio <http://public.ukcrn.org.uk/>. Recruitment figures for eligible studies must be recorded onto the Portfolio every month. This is the responsibility of the lead UK site. If you are the lead, or only, UK site, we can provide help or advice with this. For information, contact [REDACTED]
- Annual reports are required to be submitted to TASC R & D Office with the first report due 12 months from date of issue of this management approval letter and at yearly intervals until completion of the study.
- Notification of early termination within 15 days or End of Trial within 90 days followed by End of Trial Report within 1 year to TASC R & D Office.
- You may be required to assist with and provide information in regard to audit and monitoring of study.

Please note you are required to adhere to the conditions, if not, NHS management approval may be withdrawn for the study.

Approved Documents

Document	Version	Date
NHS SSI Form (96198/340123/6/109/137345/248043)		04/07/12
NHS R&D Form (96198/341300/14/289)		04/07/12
Ethics – Evidence of Compliance Letter		29/08/12
Ethics – Favourable Ethical Opinion Letter		21/08/12
Protocol	4	01/08/12
Participant Information Sheet	7	21/08/12
Participant Information Sheet – Carers	5	20/06/12
Participant Consent Form	6	01/08/12
Letter to GP	2	20/06/12
Interview Schedule	4	20/06/12
References	2	03/07/12
CV – Wendy Bullard		04/07/12
Sponsor Letter – University of Edinburgh		05/07/12
Insurance Certificate – University of Edinburgh		06/07/11

May I take this opportunity to wish you every success with your project.

Please do not hesitate to contact TASC R & D Office should you require further assistance.

Yours sincerely

[REDACTED]

R&D Manager



Participant information sheet – carers

“What does it mean to men with a learning disability to be involved in a sex offender treatment programme?”

My name is Wendy Bullard and I am doing a Doctorate in Clinical Psychology at Edinburgh University. I am doing a study as part of my course and I would like to invite potential participants to take part in my study. Before they decide to do so, I need to be sure that they understand why I am doing it and what it would involve if they agreed to take part. I am therefore providing you with the following information as a carer/key-worker in order that you are aware of what is involved in the research and why it is being carried out. Please read this information carefully and clarify any points about which you may require additional information. Potential participants are encouraged to discuss information regarding the research with others, including carers, keyworkers, friends and family. I will do my best to explain the study to you and to provide you with any further information you may ask for now or later.

6. The aims of the study:

- I am trying to find out what it is like for individuals to be involved in the Sexually Inappropriate Behaviour Group (sex offender therapy group).
- I want to know how they came to be involved in the group
- I want to know what they think the group is about
- I want to know what it is like for them being in the group
- I want to know what they think are the positive and negative aspects of being involved in the group.

7. Who I am looking for:

- The study will include men who attend the inappropriate sexual behaviour group (sex offender therapy group)
- The study will include men who have a mild learning disability.
- The study will involve men who have committed at least one incident of inappropriate sexual behaviour
- Only men will be involved in the study
- Only men who are over 16 years old and under 70 years old will be involved in the study

8. Why has this person been invited to take part in the study?

The person has been asked to take part because they attend the Sexually Inappropriate Behaviour Group at the (blank). Additionally, they fit the participant criteria in that they are male, have a mild learning disability and have had at least one incident of sexually inappropriate behaviour.

Participation in this study is entirely voluntary and individuals are free to refuse to take part or to withdraw from the study at any time without having to give a reason and without it affecting their future medical care or their relationship with the staff who look after them.

9. What happens if potential participants consent to taking part?

If the potential participant decides to give consent, they will be agreeing to take part in the study. At this point they will be asked to sign a consent form (attached). This form says that they understand what the study is about and that they want to be part of the research.

Once potential participants give their consent I will arrange to interview them at (blank). The interview will last about an hour and I will ask questions about being involved in the sex offender therapy group, specifically:

- When they first became involved in the group
- What they think the group is about
- How they feel about being involved in the group
- What they think is positive and negative about being involved in the group

I will record the interview on a digital recording machine and type the interview out as a transcript. The recording will then be destroyed and what I type out will be anonymous. All names will be removed.

I may want to look at participants medical and psychology files and will ask participants consent to do so.

When I interview participants, if they tell me about:

- any abuse that has happened to them that they have not previously disclosed or
- any plans they might have to harm themselves in any way or
- any plans they might have to commit an offence in the future,

I would have to tell other professionals. This might include telling Criminal Justice Services.

10. What happens to the interview transcripts and recordings provided by participants?

All the information from the interviews will be kept strictly confidential. Names and addresses will not be held on the copies of the transcripts. All participants will be given a number which will be used instead of a name. The number will be kept against their names on a password protected Excel spreadsheet on an NHS encrypted laptop. Only the principal researcher (Wendy Bullard) will have access to this information.

Storage of information

The recordings of the interviews will be kept for a maximum of 7 days, until they are transcribed and will then be destroyed. The transcripts will be kept in a locked filing cabinet in the psychology office at (blank) for up to 10 years. All information will be destroyed in line with NHS policies.

Ethical approval

The (blank) Research Ethics Committee, which has responsibility for scrutinising proposals for all medical research on humans has examined this proposal and has raised no objections from the point of view of medical ethics. It is a requirement that participants anonymised records in this research be made available for scrutiny by monitors from NHS (blank) and from Edinburgh University, whose role it is to check that research is properly conducted and the interests of those taking part are adequately protected.

Complaints

If potential participants any problems about taking part in this study they should first talk to the Principal researcher of the study (Wendy Bullard). If they are worried about anything to do with this study or the way they have been treated, they should talk to Wendy Bullard. Or they can talk to her clinical supervisor (blank). They will try to answer any concerns. They can also talk to a clinician for independent advice.

If potential participants are still unhappy and want to make a formal complaint they can do so by getting in touch with:

Complaints and Claims Manager
(removed)

Thank you

Thank you for taking time to read this information sheet and for assisting in ensuring that potential participants have a full understanding of the research and/or are able to contact the principal researcher, Wendy Bullard, to gain further information that they may require.

Contact information

If you have any questions during this study please get in touch with:

Wendy Bullard

Appendix K

Example of emergent themes from participant 1.

1. Purpose is to stop re-offending

Recognition of the groups purpose – to stop re-offending.

Seeing group as treatment (medicine?) for sex offending.

Recognition it's to stop re-offending.

Recognition that the group is to stop re-offending.

Recognition that committing sexual offences justifies coming to the group.

2. Opportunity to help others

Helping other people.

Group provides opportunity to help others.

He values being able to give advice.

He values helping others. Sees it as his group?

3. Shift of compulsion to choice

Feeling compelled initially.

Emphasises a change from compulsion to choice.

Shift of compulsion to choice.

Now coming to the group represents a choice.

A strong sense of being made to come.

4. Returning to a place of safety in times of crisis

Coming back to safety and support?

A sense of struggle and being able to turn to the group. It's there in times of crisis.

Group is a place to return to in times of crisis.

Sense of dependency ?

Group is a permanent feature in his life? Will always be there to return to?

5. Time served in group is important

Importance of the time served? Wanting recognition that he is making this choice to attend?

Conveying an "inside knowledge" borne of long experience of the group.

Time spent in group provides chance to present as expert.

He is recognising the length of time he has spent in the group.

6. Looking back at a different self

Recalling a different self.

Regretful memory of how he initially responded.

Looking back at himself and remembering feeling different.

A wish to emphasise that things have changed.

Conveying a growing up process, from irresponsible to responsible.

Looking back and recognising a change in how he feels.

Sees himself as having travelled a path. Now others need to do the same.

Looking back in a nostalgic way. Amused by his former self

He feels he has been through a process of moving on.

He feels he has a privileged position because he has been through a change process?

7. Disclosing is part of the process

Disclosing the offence and recognising its link to his attendance.

He's willing to disclose – recognises it is part of the point of the group.

Speaking about sexual offence seems difficult, but necessary?

Conveying an understanding of link between being open/disclosure and receiving help.

Recognising disclosure as part of the process.

Offence disclosure is part of the process.

Seeing disclosure as important.

8. Feeling angry and uncomfortable with unfamiliarity at first

Feeling angry due to being forced into a new situation?

Describing discomfort at unfamiliarity.

9. Frustration when others don't take his advice

He wants other to learn what he's learned. If they don't listen, they are ignoring **his** advice.

If others don't take advice they are wasting **his** time.

Frustration with others when don't take his advice. Others are wasting **his** time. A sense of ownership?

10. Group is not punishment

Doesn't associate attending group with being stigmatised.

No sense that attending group is punishment.

Group not seen as punishment even if others see it that way.

11. Difficulty conveying concepts

Trying to convey something learned but revealing lack of understanding of the concepts?

Conveying understanding of basic CBT concepts (thoughts, feelings)?

Trying to convey something learned but revealing lack of understanding of the concepts?

Difficulty with how concept of group being about better life translates into help to get tangible positive things in life (like a job).

12. Charismatic leaders

Anger is personalised towards group leader.

Seeing individual staff member as intrinsic to how group operates?

Seeing individual staff member as intrinsic to how group operates?

Conveying the importance of charismatic staff – power to “sack” him suggests removal from a valued position.

13. Being removed from the group would be punishment

Perceiving the sanction for behaving in angry manner as being expelled from group.
Being removed from group perceived as a punishment. Motivation to behave well (calm down) is to be allowed to remain?

14. Trusting the group/special quality/different from outside

Wanting to feel safe and to trust others in the group.
Trusting people in the group but not those outside. The group has a special quality.
Trust is bound up with telling the truth.

15. Becoming an elder/sense of mastery

He sees the group as providing an opportunity to display mastery.
He lives in the community so has been through this process.
Conveying that he is an “elder” in the group.
He sees his role as having changed from a talker and acceptor of advice as a wise elder who can listen and sometimes offer advice.
He sees having been in the group a long time as conveying an expert position and wants to pass on his wisdom.

16. Have to choose to engage to get the benefits

Conveying that in order to benefit from the group you have to choose to take advice.
Importance of engaging in order to get value from group.
Conveying that there is a choice about whether to take the group’s advice. Sense of responsibility for own actions.

17. Anger abating over time

He emphasises that he was angry but only at the start.
Anger abating over time.
Perceiving a process of change from anger to acceptance as being common to all who join group.
Looking back and remembering that his first impression was negative.
Conveying anger when joined the group.

18. Initial feelings that it was not appropriate for him

Feelings that it was not appropriate for him.

19. Group has a purpose which lying violates

Feeling that the group has a purpose and lying violates this.
Lying may lead to offending and to prison.

20. Group is about achieving a better life

Conveying a sense that the group is about achieving a better life.
Understanding the concept of a better life being about fulfilling own needs, not just about not re-offending.

21. Acceptance of self as sex offender

Conveying an acceptance of being a sex offender.

Acceptance of being with other sex offenders.

Acceptance that all group members are sex offenders.

22. Group is alternative to prison

He sees the group as an alternative to jail.

23. Group is to solve specific problems

Seeing the group as a means of solving problems.

Appreciating the chance to receive advice but group provides answers to dilemmas, not generalizable skills.

Appendix L: Example transcript

Emergent themes	Transcript	Exploratory notes
<p>A sense of struggle and being able to turn to the group. It's there in times of crisis.</p> <p>Appreciating the chance to receive advice but group provides answers to dilemmas, not generalizable skills.</p>	<p>P. All the time I've been coming to the group, I might say I'm going to stop today. If I've had any problems ken, my problems is like when it comes to a relationship, ken and break up. Been married twice and also got a friend/come partner you know, so that's what, if me and him going to break up so I was on the phone to X and said I've got a problem and decided to come back to the group. So the group's here for that, to help us.</p> <p>Me. Can you tell me a bit more about how the group helps you when that sort of thing happens?</p> <p>P. Well, the group gie you advice. Listen to what the other members of the group said and the staff, you just take their ? and say, that's a good idea, you are just thinking, listen to what other people say. Helps you a lot.</p> <p>Me. So you said there that the staff and the other members of the group help and you listen to advice from both staff and other members of the group.</p> <p>P. (inaudible)</p>	<p>Describing when group is most useful - at times of crisis in life. Emphasising choice to return to group and sense of help being available.</p> <p>Language again emphasising time passing and also "got a problem and decided to come back" – positive choice.</p> <p>The group is serving a purpose – a social support in times of crisis?</p> <p>Advice from group. Listening. Staff and group members being involved. Help.</p> <p>Don't get any sense of understanding components of treatment . It's all about listening, giving and receiving advice – being given a solution to dilemmas rather than learning generalised skills</p>

Appendix M Distribution of themes within participant transcripts

Master themes	Sub themes	Occurrence of each theme by participant						
		1	2	3	4	5	6	7
Making sense of the purpose	A consequence of sexual offending	✓	✓	✓	✓	✓	✓	✓
	Preventing re-offending	✓	✓	✓	✓		✓	✓
	Building a better life	✓		✓	✓		✓	
	Being saved from prison	✓					✓	✓
A process of change	Anxiety and unfamiliarity	✓	✓	✓	✓	✓	✓	✓
	Initial anger and resistance	✓		✓	✓			
	Experiencing hostility		✓	✓	✓			
	Looking back at a former self	✓	✓	✓	✓			
	The value of time served	✓	✓	✓	✓		✓	
	Shift of compulsion to choice to leaving	✓	✓	✓	✓	✓		
Conceptualising how it works	Providing advice on specific dilemmas	✓		✓		✓		✓
	The value of disclosing	✓	✓	✓	✓	✓		
	Responsibility for engaging	✓	✓	✓	✓		✓	
	Lying undermines the group	✓	✓	✓	✓			
	Struggling with concepts	✓	✓	✓		✓	✓	✓
What else is gained	A sense of mastery	✓	✓		✓			
	Being a mentor	✓				✓	✓	
	A safe place to return to	✓		✓	✓		✓	✓
	A chance to bully and control		✓	✓	✓			

Appendix N Journal of Aggression and Violent Behaviour: Instructions to authors

Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop

<http://webshop.elsevier.com/languageediting/> or visit our customer support site

<http://support.elsevier.com> for more information.

Submission

Article structure

Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Theory/calculation

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name, and, if available, the e-mail address of each author. **The title page is to be the first page of the manuscript; the second page is the abstract with key words.**
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that telephone and fax numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address.**

• **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a "Present address" (or "Permanent address") may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract

A concise (no more than 200 words) and factual abstract is required. This should be on a separate page following the title page and should not contain reference citations.

Highlights

Highlights are mandatory for this journal. They consist of a short collection of bullet points that convey the core findings of the article and should be submitted in a separate file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). See <http://www.elsevier.com/highlights> for examples.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Footnotes

Footnotes should be used sparingly. Number them consecutively throughout the article, using superscript Arabic numbers. Many wordprocessors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

Table footnotes

Indicate each footnote in a table with a superscript lowercase letter.

Tables

Number tables consecutively in accordance with their appearance in the text. Place footnotes to tables below the table body and indicate them with superscript lowercase letters. Avoid vertical rules. Be sparing in the use of tables and ensure that the data presented in tables do not duplicate results described elsewhere in the article.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

References in a special issue

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

Reference management software

This journal has standard templates available in key reference management packages EndNote (<http://www.endnote.com/support/enstyles.asp>) and Reference Manager (<http://refman.com/support/rmstyles.asp>). Using plug-ins to wordprocessing packages, authors only need to select the appropriate journal template when preparing their article and the list of references and citations to these will be formatted according to the journal style which is described below.

Reference style

Text: Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5, copies of which may be ordered from <http://books.apa.org/books.cfm?id=4200067> or APA Order Dept., P.O.B. 2710, Hyattsville, MD 20784, USA or APA, 3 Henrietta Street, London, WC3E 8LU, UK.

List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples:

Reference to a journal publication:

Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article. *Journal of Scientific Communications*, 163, 51–59.

Reference to a book:

Strunk, W., Jr., & White, E. B. (2000). *The elements of style*. (4th ed.). New York: Longman, (Chapter 4).

Reference to a chapter in an edited book:

Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic age* (pp. 281–304). New York: E-Publishing Inc.

Journal abbreviations source

Journal names should be abbreviated according to:

List of title word abbreviations: <http://www.issn.org/2-22661-LTWA-online.php>; NLM Catalog (Journals referenced in the NCBI Databases): <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>; CAS (Chemical Abstracts Service): via <http://www.cas.org/content/references/corejournals>

Appendix O Journal of Sexual Aggression: Instruction for Authors

Manuscript preparation

The Editor welcomes the opportunity to consider papers which examine the nature and impact of sexual aggression, as well as its prevention and treatment. Priority is afforded to articles containing original material and which are likely to contribute to the advancement of knowledge in the field. As such, several types of contribution are welcomed:

- a) Research and conceptual developments - papers reporting the findings of empirical research or the development of theory/ conceptual models.
- b) Reviews - literature reviews or commentaries focusing upon specific issues of relevance.
- c) Practice - articles presenting clinical practice or programme descriptions.
- d) Debate - brief responses to articles which have appeared in previous issues of the Journal.

1. General guidelines

- Papers are accepted only in English. British English spelling and punctuation is preferred.
- A typical article (Research and conceptual development) will not exceed **6,000 words** ; 'Reviews' up to **8,000 words** ; 'Practice' articles between **4,000-6,000 words** ; 'Debate' articles up to **5,000 words**. Tables, figures and references are not included in this word count. Papers that greatly exceed this will be critically reviewed with respect to length. Authors should include a word count with their manuscript.
- All the authors of a paper should include their full names, affiliations, postal addresses, telephone and fax numbers and email addresses on the cover page only of the manuscript. One author should be identified as the Corresponding Author.
- Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgements; appendixes (as appropriate); references; table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
- [Abstracts](#) of 150 words are required for all papers submitted.
- Each paper should have six [keywords](#) .
- Section headings should be concise and logically sequenced. Biographical notes on contributors are not required for this journal.
- For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms should not be used.
- Authors must adhere to [SI units](#) . Units are not italicised.
- When using a word which is or is asserted to be a proprietary term or trade mark, authors must use the symbol ® or TM.

2. Style guidelines and referencing

- Description of the Journal's [article style](#) , [Quick guide](#)
- Description of the Journal's [reference style](#) , [Quick guide](#)
- Please use British spelling (e.g. colour, organise) and punctuation. Use single quotation marks with double within if needed.

- If you have any questions about references or formatting your article, please contact authorqueries@tandf.co.uk (please mention the journal title in your email).

Word templates

[Word templates](#) are available for this journal. If you are not able to use the template via the links or if you have any other template queries, please contact authortemplate@tandf.co.uk

3. Footnotes and Tables

Footnotes are not normally permitted but endnotes may be used if necessary. Tables should be laid out clearly and supplied on separate pages, with an indication within the text of their approximate location. Vertical lines should be omitted, and horizontal lines limited to those indicating the top and bottom of the table, below column headings and above summed totals. Totals and percentages should be labelled clearly.

4. Figures

It is in the author's interest to provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.

- Figures must be saved separate to text. Please do not embed figures in the paper file.
- Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).
- All figures must be numbered in the order in which they appear in the paper (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)).
- Figure captions must be saved separately, as part of the file containing the complete text of the paper, and numbered correspondingly.
- The filename for a graphic should be descriptive of the graphic, e.g. Figure1, Figure2a.